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ART. I.—*Remarks on Mustard Poultices, applied extensively to the surface.* By WILLIAM O. BALDWIN, M.D., of Montgomery, Alabama.

The application of poultices as a remedial agent in many forms of local inflammations, spasmodic pains, &c., has long been practised and highly appreciated, as not the least efficacious among the many sanative agents available in such cases. By some they have been and are still used with reference solely to the specific virtues of the substances of which they are composed, whilst others esteem them all for their one common virtue—attributing to them no other curative effect than that which arises from their capability of retaining warmth and moisture about the parts to which they are applied. Both of these views, as to their *modus operandi*, are

probably correct; for the results which follow the endermic use of medicine undoubtedly establishes the truth of the former; whilst all can attest the good results which are frequently obtained from the application of *simple* poultices to inflamed and painful parts, which of course can be attributed to nothing more than the relaxation afforded by the warmth and moisture which they contain. It is for this property of the poultice, added to the increased revulsive effect of the mustard, when combined, that I propose to extend their use to acute diseases, involving the whole animal economy.

From the marked success which has attended the application of mustard poultices to the entire, or greater portion of the surface of the body and extremities, in the treatment of some diseases of an idiopathic character, I am disposed to regard them as a remedy of more value than their hitherto partial use would seem to indicate; for although highly esteemed and extensively employed in certain *local* affections, so far as I am aware, their application has been restricted to such diseases, or when used in those involving a greater extent of tissue they have been applied only to combat some local symptom.

The experience which I have had with the mustard leads me to look upon it as a remedy peculiarly applicable to diseases of a congestive type, and more especially to *congestive fever*. I have found it a most prompt and available remedy in one or two instances in which I have used it in *convulsions* occurring in children; and I have also applied it advantageously in some cases of *visceral inflammation*. In a case of *trismus nascentium* in which I used it, there was a considerable abatement of the disease under its influence; but as the violent symptoms afterwards returned and the case terminated fatally, it cannot be considered as furnishing any testimony in support of its efficacy in that class of diseases. I believe, however, that if my directions had been carried out during the twelve hours of remission and comparative ease which the little sufferer seemed to enjoy immediately after the application of the poultice, which would have brought it fully under the influence of opium, it might have succeed-

ed. That, however, is a bare supposition, but I was so well pleased with the effect which followed its application, that, though the case proved fatal, taking into consideration the very unsatisfactory results which have generally followed the treatment of that disease, I shall test its efficacy further should a suitable occasion offer.

From its powerful agency in producing diaphoresis, that end so often coveted in the treatment of *synochal fevers*, I am induced to believe the mush poultice, with or without the mustard, applied in this way, might form a valuable adjuvant in the treatment of that class of diseases.

These remarks are not intended to depreciate the value of free internal medication. Indeed, in most of the cases in which I have used the poultice it has been in conjunction, or at least, not to the exclusion of any other remedy which might have been thought available—so that one who may be disposed to cavil, might with some plausibility, dispute its agency in producing the beneficial results which I have ascribed to it. Nevertheless, in a great majority of the cases in which I have resorted to it, in the diseases alluded to, its effect has been so apparent that notwithstanding the administration of other remedies, at the same time, no one could mistake its promptly favorable influence. And it frequently happens that our only means of making an impression upon the disease is through the agency of external applications. As, in *cerebral congestions* attended with coma and insensibility, it is always difficult, and sometimes even impossible, to administer medicines internally—in such cases the mustard poultice is entitled to the very first and highest consideration, as the remedy most likely to produce the desired objects.

Though this is a remedy of most singular simplicity, yet a few remarks as to the mode which I have adopted, both in its preparation and application, may not be considered inappropriate.

Supposing the patient to be an adult of the ordinary physical proportions—boil about a bushel of meal to a tolerably consistent mush, and spread upon a sheet which has been placed

on a wide mattrass, the mattrass lying on a low bedstead. The mustard, which should be prepared in the meantime, by mixing three bottles with meal, in the proportion of one part of the former to five or six of the latter, and made into a thin batter by the addition of hot water, is then poured over the mush, and the whole covered by a thin sheet. The patient is then placed about the middle of the poultice, the sides of which are folded over him—completely enveloping every part except the head. The mustard applied in this way is rendered much more active, and will redden the skin when diluted in this way to one-sixth of its strength, almost as soon as cataplasms of unmixed mustard, and much quicker when applied to cool or cold extremities—consequently, if applied without being blended with some farinacious substance it would be very likely to produce vesication.

When enveloped in this way, I have never allowed any patient to remain longer than from a quarter to half an hour, but have been governed as to the length of time which they were allowed to remain altogether by the impression made upon the disease, and see no reason why they should not be kept on a much longer time, if necessary; for, when combined with the mustard in this way, it is much less apt to produce a feeling of faintness and debility than the warm bath. It will sometimes be found inconvenient to use the poultice in this way, for want of proper and necessary appliances; in the cases of young men, for instance, living in counting-houses and other places where they have but few conveniences. In such instances a less troublesome mode, and one which I have practised in a few instances, is to envelope each limb separately and cover completely the chest and abdomen, from the neck to the pubis, with the poultice prepared in the same way, and spread on large towels. The former mode is much the most powerful, and when practicable, is to be preferred; but I have found the latter to answer a very good purpose in some instances, and from the fact that it can be borne for a much longer time, and with less annoyance to the

patient, I think, perhaps, it might be equally efficacious in cases of a less urgent description.

In illustration of these views, I will append a few cases which occurred in my practice, and in which I used the poultice, prepared in the manner described above.

In the first case which follows, the mustard was left out of the poultice, in consequence of a sufficient quantity not being at hand. It will also be seen in this case, that the application of sinapisms and extensive blistering had been practised previous to the use of the poultice, without producing any favorable impression on the disease.

Case I.—October 5th, 1841, I was called in consultation with Wm. Morris, to Mrs. E——, æt. about 24 years, a resident of this city, then on a visit to an adjoining county. Has coldness of the extremities; small, frequent and irregular pulse; excessive nausea, and occasional vomiting; great restlessness and thirst; complains of a sense of oppressive weight and fulness about the præcordial region; tongue white, furred and enlarged. This was the fifth day of her disease, and I was informed by Dr. M. that her symptoms were but little altered since her attack—her extremities had only been warmed by the application of artificial heat. The treatment which had been pursued consisted of mercurial and other laxatives, and stimulants internally, sinapisms to the extremities and epigastrium, &c. The bowels had been pretty freely moved—evacuations thin, and of an indigo-blue color.

The treatment agreed upon after my arrival, was sulph. quinine grs. vi., to be repeated at intervals of four hours, and hydrarg. cum creta grs.vi., pulv. opii gr.ss.; M. to be repeated every sixth hour; warm applications to the extremities.

6th. Had several motions, consisting of the same thin, serous and bluish matter, interspersed with flakes of mucus of the same color; condition in other respects the same. Same prescription continued and warm bath ordered.

7th. Condition unaltered. Applied a blister to the epigastrium and nape of the neck; ordered hydrarg. subm. grs.iv.,

creta prep. grs.iii., to be repeated at intervals of four hours; warm applications and occasionally sinapisms to the extremities. Discontinued quinine and other previous prescriptions.

8th. No improvement; secretions from bowels same; applied blisters to the extremities. Ordered tr. valerian ammon. ʒij. every third hour. Calomel, &c., continued.

9th. Evening.—Blisters vesicated; pulse rather more frequent, but still irregular and weak; has vomited most of the medicine taken in the last 24 hours, and her symptoms generally present rather an aggravated aspect. Fearing the natural tendency, which characterizes some of our diseases, to a crisis on the 9th day, and seeing no indication to a favorable one in this instance, we agreed to envelope the patient in a mush poultice, prepared in the mode described above, leaving out the mustard; which was accordingly soon done. The patient thus covered to the extent of an inch, or an inch and a half in mush, was allowed to remain about 18 minutes, at the end of which time, as the pulse had diminished in frequency and had become more regular, the skin on the forehead and face being covered with a warm perspiration, she was removed to bed. One hour after, her extremities were still warm, and the surface generally covered with a warm moisture, and her pulse manifestly improved in volume and regularity. Gave subm. hydrarg. grs.x. She is to take no other medicine through the night, and be allowed to sleep as much as possible.

10th. Extremities remain warm and skin soft; rested well through the night; pulse regular, and but little above a healthy standard in point of frequency, and also improved in volume; that feeling of fulness and oppression about the præcordia, which has been so distressing throughout the disease, entirely disappeared; after an enema, administered this morning, had two dark, consistent evacuations—in short, there is an abatement of all the violent symptoms, and the patient expresses herself as being much relieved. No medicine given this morning, but directed her to have chicken broth occasionally through the day.

11th. Continues to improve; no directions except as to diet.

13th. Is able to sit up in bed. After this, her convalescence was rapid.

Case II.—Extracts from notes on A—— C——, a female child, æt. about 20 months, who had been laboring for seven days under a severe attack of *pneumonia*, with *gastro-enteritic complication.*

February 27th, 1844. She continued to get more restless and uneasy until half past 2 o'clock, P.M., when she presented many apparent evidences of the moribund condition. Pulse 164, small and weak; respiration 44 in the minute, and imperfect; (too restless to admit the use of the stethoscope); eyes thrown back and fixed in their socket, with the eye-lids firmly separated; a disposition to throw the head back upon the spine, (as in opisthotonos), with some rigidity of the cervical and dorsal muscles; throwing the arms about, tossing the head, and writhing the body; clawing at the tongue, and at all the clothes that were brought in its way: extremities cold, the lower ones to a few inches above the knee. In this situation the patient was allowed to remain for sometime without a prescription, (more than the sinapisms which had been applied to the extremities) under the belief that if she was not in *articulo mortis* she was rapidly approaching it, and that all efforts to arrest the immediately fatal termination of her disease would be fruitless. Dr. Sims of this place, was attending the case with me, and we ordered, at length, a hot pediluvium, made strong with mustard, to be applied until a *mustard poultice* could be prepared, which was accordingly soon done in the usual way, and the entire surface completely enveloped. Up to this time, however, there was no improvement, and the weakness and frequency of the pulse, added to her extreme restlessness, precluded the possibility of counting it with anything like accuracy. She remained in the poultice eleven minutes, was taken out and washed in a tub of warm water, and placed in bed, where she remained quiet and apparently easy; her pulse increased

in volume, and all those alarming symptoms which seemed to threaten immediate dissolution, considerably abated. Examined her two hours after—pulse 138, and manifestly increased in volume; eyes shut, appears to be sleeping quietly; surface generally warm and soft; reaction appears to be permanently established.

28th. Continued to rest well through the night. Pulse 132.

She remained in this condition for a day or two, which seemed to be so favorable, contrasted with her situation on the 37th, that we were inspired with strong hopes of her recovery. But on the evening of the next day, she passed two round worms; meteorism and tenderness of the abdomen, with retention of the urine supervened, and she died at night on the 3d of March, of the complication, her primary disease having been much abated.

Though the case in the end proved fatal, yet the agency of the poultice in allaying that truly urgent train of symptoms which supervened on the 27th was so manifest, that I am disposed to offer it as an additional proof of the power and utility of the remedy employed in this way.

Case III.—*Scarlatina.* March 19, 1844. Harrietta, a negro girl, æt. about 12 years, attended by Dr. Boling and myself. Saw her a few hours after the first symptoms of her indisposition. Was attacked with chilliness, succeeded by vomiting and febrile excitement. Pulse 147; stomach irritable; tonsils red and tumefied; skin arid and hot; bowels constipated. Ordered subm. hydrarg. grs.x. and a diaphoretic mixture of spts. æth. nit., &c. &c.

20th. Morning. Pulse 150; had a very restless night; vomiting continues; complains of severe pain in the head. Medicine produced several motions. Diaphoretic mixture continued.

Evening. Pulse 170; tongue dry; great thirst; less irritabilty about the stomach; in other respects the same. Ordered warm bath, and decoction of serpentaria at intervals during the night.

21st. Pulse 166; has been delirious since the early part of the night; had two motions; condition same in other respects. Ordered sulph. quin. grs.vi. at 8 o'clock, to be repeated at 12 o'clock. Decoction serpentaria continued.

Evening. Condition same. Ordered sulph. quin. grs.iv., pulv. opii gr.¼th. M.—to be repeated at intervals of four hours.

22d. Same condition; pulse 166; passed a restless night, starting, incoherent talking, &c. Quinine continued. At 11 o'clock, A.M., she was enveloped in a *mustard poultice*, allowed to remain fifteen minutes, and after being placed in a warm bath and washed, was removed to bed. Applied a blister of flies to the scalp; gave subm. hydrarg. grs.v.. and continued the quinine. While she was in the poultice her forehead became moist, and on counting her pulse immediately after she was removed to bed, it was found to be reduced to 154.

Evening. Pulse reduced to 134; skin soft; more rational and calm. Quinine continued.

23d. Pulse 120; she is perfectly sensible; rested tolerably well through the night; countenance cheerful, and expresses herself as feeling much better. Quinine continued, and ordered ol. ricini ʒvi., which produced several consistent, bilious evacuations. She continued to improve slowly; desquamation commenced on the 30th and was general.

In this case there were many other remedies used, but the commencement of convalescence was marked by the salutary impression of the poultice, which was observed during its application.

Case IV.—October 6th, 1843. J—— W——, a bank officer, æt. about 27 years, was attacked four days ago with a chill, succeeded by nausea and vomiting; dry tongue; excessive thirst, great oppression about the epigastrium; pain in the head and back, and frequent pulse; skin moderately warm and dry. The treatment during this time consisted of mild mercurial and other laxatives, which produced moderate alvine evacuations, one bloodletting, sinapisms to the epigas-

trium, and quinine when it was thought advisable. This morning, pulse 126, and small; excessive vomiting; surface generally cool; extremities very cold, the lower ones to within a few inches of the groin; copious diaphoresis about the head and face; countenance pale and somewhat sunken, and speaks but little above a whisper. Everything given by the mouth is thrown up almost immediately. Enveloped the extremities, and covered the thorax and abdomen with mustard poultices. About an hour after their application the system appeared to rally considerably, and as the stomach had become quiet, he was ordered to take sulph. quin. grs.iv., sulph. morph. gr.¼th, made into a pill with the ext. taraxaci q. s. The poultices were allowed to remain on about four hours, when, at his earnest request, they were removed. His pulse by this time had fallen to 92; surface generally warm; vomiting had ceased; expresses himself much relieved; says he felt a great oppression about the praecordia which is now entirely gone. Quinine was continued in six grain doses, and occasionally combined with gr. ¼th morphine, for the succeeding 24 hours, which produced extreme restlessness. This, however, subsided a few hours after the discontinuance of the remedy—from which time he continued to convalesce without taking any more medicine.

In this case, the excessive irritability of the stomach precluded the use of internal remedies, until the most urgent symptoms had greatly subsided.

Case V.—Wade, a lad, æt. about 7 years, has been sick for several days, and in the absence of Dr. Henry, the attending physician, I was called, Oct. 7th, 1843, at night. Found him with pulse 146, small and weak; deep coma and insensibility; surface generally cool; extremities very cold; clammy perspiration about the head and face. The friends had applied sinapisms to the extremities before my arrival, which, however, had failed to redden the skin. Ordered the extremities to be enveloped and the abdomen to be covered with mustard poultices. Nothing was given the patient by the mouth—he was left with the poultices on for about an hour

when he spoke. A little while after, he complained of the burning caused by them, and cried to have them removed. They were, however, allowed to remain on about two hours, when they were taken off; his pulse had by that time declined to 124; the patient was rational, and the surface of his body generally warm.

In the meantime, Dr. H. arrived, and we made the following prescription for the night:—sulph. quin., hydrarg. c. creta. ää grs. xxiv. M. in chart. xii., div., one to be given every second hour. They did not extend the poultices as high up on the extremities as I ordered, or as I generally do.

I did not see the case again, but was informed that he continued comparatively comfortable through the night, and convalesced slowly, the greatest subsequent annoyance being sores on his legs, which were occasioned by the poultice having been made too strong with mustard.

In a case of *congestive* fever, treated successfully, but which is too tedious to detail at length, I kept the extremities enveloped, and the chest and abdomen covered with the mustard poultice, for forty-eight hours—reapplying them every four or five hours.

In the treatment especially of those diseases which depend upon a want of balance in the circulation, and when the structural lesion is not very extensive, the mustard poultice used as I have recommended it, if not in itself a curative remedy, will, at least, frequently be found a powerful adjuvant.

October 23, 1844.

ART. II.—*A Case of Emphysema.* By E. W. HARRIS, M. D., of Cape Girardeau county, Mo.

The report of Dr. Girdner's case of Emphysema induces me to publish the particulars of one similar to it in every respect.

Mr. C——, aged 40 years, received a gun-shot wound in 1841, the ball passing through the upper arm, and fracturing a rib, the lung being wounded by a spicula of bone.

I was called 24 hours after the accident occurred, and found him under the care and management of a German, who called himself *doctor* (one of the cold-water tribe). I found the patient enveloped in sheets—sheets, bed and all, deluged with cold-water; almost pulseless; the whole surface cold, and of a leaden hue; every part of the body enormously distended, the scrotum being swollen to the ordinary size of the adult head; every portion of cellular membrane seemed to be filled with air, the crepitus of which was distinct and audible.

The wet clothing was speedily removed, dry warmth applied, and diffusible stimulants given; under which, reaction was established in about six hours.

My German friend said to me, that "it ish de dhropsies; you must tap him." To the latter I assented, and punctured the scrotum, and the skin in some half dozen other places, from which punctures the air could be heard to escape with considerable force. The German, offended that it was not *water*, left. The patient, much relieved, set out in two days for his home, in Illinois, and in a short time recovered perfectly.

An old hunter, who saw the above case, enquired of me the cause of the swelling, stating that he had frequently seen the same in deer when shot in the 'lights.'

November, 1844.

ART. III.— *Observations on Erysipelatous Fever, as it occurred in Memphis, Tennessee, in April and May,* 1844, *with a report of eight cases.* By LEWIS SHANKS, M.D.

Preliminary to the observations we design making on the character and type of the erysipelatous fever, together with a report of the cases which occurred here, some general re-

marks on the character of diseases as modified by the seasons, by the clearing up and improvement of the country and the city, and the change in the habits of the people, might be interesting and useful, and necessary to a clear understanding of our views of the nature and treatment of this disease.

When the diversity of opinions both in Europe and America, of the nature and proper treatment of erysipelatous fever is considered, it must be attributed, either to the blinding influence of prejudice, or to the influence of season, climate, local atmospheric causes, or the difference in the constitutional tone and vigor of the subjects of the disease in different places and countries. If to both causes, and especially to the latter, this difference of opinion among highly distinguished members of the profession, may be attributed; an additional reason is afforded for tracing up the influence of the causes, that may have operated in determining the type of the disease, and indicating the proper treatment in the cases that occurred here. So full and complete are the general descriptions of this disease and its treatment furnished by the most able medical writers, &c., especially by Dr. Nunneley of Leeds, that little seems left to be done, except the investigation and explanation of local and epidemic influences, which modify the type and violence of the disease in different places and at different times, requiring a corresponding difference in the treatment.

Though we have proposed this extended consideration of the causes, which tended to make up the medical constitution of the atmosphere the present year, in this region of country, and to give character and modification in some degree, to all diseases, as being interesting and useful; we do not design more than a brief reference to these causes, and to their effects, as manifested in the general character of diseases.

We have not only been constantly impressed with the observation ourselves, but we have frequently heard the remark made by intelligent and observing physicians, that disease is more or less inflammatory—that there is more or less tendency to disease of particular organs—that depletion is more

or less required—that purgatives are more useful, or tolerated worse, &c., some years than others, at the same period or season.

Inexplicable as may be the causes of the general constitution of the atmosphere of particular seasons producing these results, the correctness and truth of the remark will be admitted as unquestionable. While the diseases of Memphis and the surrounding country have each year exhibited some modification in their general character from this cause, a general but obvious change has been going on, probably since the first settlement of the country, and certainly for the last eight years. In the early settlement of the country and town, when but a small proportion of the lands was reduced to cultivation, and the timber was chiefly left standing upon the fields—when the town was like an encampment in the woods, closely surrounded by a heavy forest and thick undergrowth, the atmosphere was so loaded with humidity and miasm, that a state of atony and relaxation of the system was the universal condition of the permanent population who had been long exposed to it.

This condition of the system rendered it peculiarly liable to intermittent and remittent fevers, attended with congestion and great functional derangement of all the secretions, and in the fall and winter seasons especially, to violent and suddenly fatal attacks of congestion of the brain and lungs. Protracted cases of an inflammatory character of disease, were unknown except in recent settlers, arriving with the tone and elasticity of the system common in older, more elevated and improved countries, with a purer, dryer and more bracing atmosphere.

With the growth of the town and the improvement of the country—the clearing up and tramping the lands, rendering them firmer and dryer, the atmosphere has gradually been becoming less humid and filled with miasm, and more elastic and bracing; and the consequence is, that disease has gradually become less congestive and functional, and more inflammatory, complicated, and protracted in its character.

This change has been gradually and obviously manifesting itself every year, but in no year previously have the diseases of the winter, spring, summer, and autumn presented so decidedly an inflammatory character, and required so much depletion by venesection, and so rigid an antiphlogistic treatment as the present.

The statement of these general facts we have deemed proper, before the report of the cases of erysipelatous fever that occurred here, and the treatment that was instituted, because the depletion and antiphlogistic remedies mainly used and relied upon, were not only justified, but required by the medical constitution of the atmosphere of the season and this locality, modifying and rendering inflammatory a disease which in its general character is a *pyrexia* of excessive action, but deficient in the power and tone of the system.

Case I.—R—— W——, aged about 30, a carpenter, of steady habits and pretty good constitution, was attacked April 21st with slight hoarseness attended with pain in swallowing.

24th. Hoarseness and pain in deglutition very much increased; the epiglottis so enlarged and œdematous as to project up visibly. In deglutition there was not only great pain but part of the fluids passed into the trachea producing strangling and great distress. The pulse, tongue, fauces, skin, and general condition of the skin normal. No medicine had been taken but a purgative. Treatment—ordered a mercurial cathartic; rubefacient to the throat, and a stimulating gargle of infusion of red pepper, salt and vinegar.

25th. Fever developed; pulse about 90; œdema of the epiglottis increased; swallowing more painful and distressing; venesection ℥xxv.; tartarized antimony grs. viij. in solution to be taken through the night so as to produce repeated nausea, vomiting and purging; rubefacients and gargle continued.

26th.—7 A.M. Deglutition less painful and better. The tartar emetic has produced repeated vomiting and purging.

Remedies continued; the antimonial to be given in febrifuge doses.

5 P.M. Fever increased; venesection ℥xx.; cal. grs.xv.; stimulating foot-bath; gargle continued.

27th.—8 A.M. Deglutition much less painful and better. The œdematous condition of the epiglottis much relieved. Inflammation more diffused over the mouth, fauces and throat.

6 P.M. Considerable fever, but less swelling of the epiglottis; swallowing pretty good; ipecac. and cal. gr.ij. each to be given every two hours.

28th. The local disease of the epiglottis so relieved as not seriously to effect deglutition, which is still however attended with pain extending to all the muscles concerned in swallowing.

The fever continued about a week longer, attended with pain in the pectoral and dorsal muscles, and occasionally paroxysms of spasmodic action in these muscles, so violent and painful as to require two more general bleedings, and repeated local bleedings with cups, followed by blisters, to relieve them. Auxiliary to the depletion, alteratives, diaphoretic anodynes, &c., were persevered in, until slight ptyalism was produced. The disease was gradually subdued and the patient recovered.

Of a very similar attack of this disease, we have been informed, Dr. Russell, of Huntsville, Ala., died some months since.

Case II.—Mr. R——, aged about 45, living in the same house, was attacked May 7th with phlegmonos erysipelas of the fore arm and arm. The limb swelled very much, attended with fever, furred tongue, and deranged biliary secretions. Suppuration occurred, extending between the muscles from near the wrist to the elbow. This case was treated chiefly by my partner, Dr. Frayser, (who assisted in the treatment of most of the cases), with mercurial purgatives and febrifuges, of either antimonials or ipecac. and cal. When suppuration took place, free incisions were made to discharge

the matter, followed by bandaging and the cold dash. He recovered in three or four weeks.

Case III.—Mrs. R——, while dressing her husband's arm had a slight sore on her thumb, on the side of the nail. At that point inflammation commenced May 20th, and the thumb exhibited the appearance of a superficial whitlow.

23d. Thumb less swelled, but a red line extends from it along the course of the absorbents to the axilla. Complains of lassitude and aching in her limbs, with slight fever, and frequent but feeble pulse. Ordered cal. grs.xv.

24th.—7 A.M. Still walking about, but increase of fever and lassitude. Ordered febrifuge doses of cal. and ipecac., to be repeated every two hours.

25th.—6 P.M. Severe pain, tenderness and heat in the abdomen, (which had commenced the evening before), attended with rigors, dry tongue, thirst, frequent tense pulse, and cold extremities. Venesection ℥vj.; cal. grs.xv., morph. gr. ½d, stimulating foot-bath, hot fomentations to the abdomen, to be applied frequently over a blistering plaster.

26th.—7 A.M. Pain less severe; pulse 130; extremities cold; tongue dry; very restless. ℥iss. oil, emollient poultice to the abdomen, and sinapisms to the extremities.

5 P.M. All the symptoms worse. Great restlessness; prostration; internal heat; very frequent pulse, and extremities cold.

27th. Died in the night. Post-mortem examination objected to.

Cases IV. and V.—Were daughters of II. and III., aged about 12 and 14 years. They were attacked, one the 22d, the other the 24th of May. In both cases the attack commenced with slight chilliness, sore throat, and a remittent form of fever, and about the third or fourth day of the disease, an erysipelatous eruption occurred in both cases, on the side of the face, extending to and around the ear, and down the neck. Treatment:—One was bled, and both were treated with ipecac. and cal. in broken doses, to produce vomiting and purging, followed by mercurial cathartics, worked off

with oil, and also febrifuge doses of antimonials or ipecac. Nitrate of silver applied freely to the eruption, which arrested its progress. They both recovered.

These were the first cases, and they all occurred in the same house. Shortly before they got sick, the house was plastered, and they lived and lodged in it during the time, moving from one room to another while the plastering was going on.

Case VI.—E—— R——, a girl, 14 years old, a visitor of case I., who had been removed near her place of residence, to his brothers, was attacked with sore throat and the erysipelatous eruption very much as cases IV. and V. were. She died about the 18th day of her disease, evidently from effusion in the brain. Having seen her near the close of her disease only, in consultation, the previous treatment cannot be particularly given.

Case VII.—J—— W——, brother of case I., to whose house he had been removed, was attacked about the 10th of May. Having called on the 12th to see case I., who was then convalescent, I saw him, and as he was in the care of another physician, only made a slight examination of his case, which exhibited all the characteristic symptoms of the others—frequent pulse, sore throat, and the erysipelatous eruption on the cheek and neck. Further than seeing a blistering plaster over the eruption, the treatment was not ascertained. Two days afterwards he died of effusion in the brain, as his friends reported there had been delirium some thirty-six hours previous to his death.

Case VIII.—On the 27th of May I was confined with this disease. For near a week previously I had felt languor and lassitude, with increased sensibility to cold, attended with wandering, gnawing pains, a dull headache and a very unpleasant metallic taste.

27th.—8 P. M. Headache; slight continued chilliness; pulse 110, and soreness of the throat. Treatment:—Hot foot-bath, warm drinks, followed by a cathartic.

28th.—5 P.M. Though the perspiration the night before

was copious, and the cathartic had operated well in the morning, the fever, sore throat, restlessness and care all increased. Treatment by Dr. Frayser:—Venesection ℥xx., warm diluted drinks, pepper gargles, and rubefacients to the throat.

29th.—5 P. M. Fever continues; exacerbations in the evening; tonsils not much swollen, but from the condition of all the muscles concerned in deglutition and the cellular structure of the anterior part of the neck, swallowing is extremely painful, and almost impracticable. Erysipelatous eruption commenced on one side of the face, extending to and around the ear. Venesection ℥xxv., cal. grs.xv., liniment to the throat, emollient poultice, hot foot-bath, pepper gargle, &c.

30th. Symptoms not much changed; pulse 110 to 120; deglutition almost imperceptible; remedies continued. Nitrate of silver rubbed over the eruption.

31st. No improvement in the symptoms; eruption has not increased. Venesection ℥xx., cal. and aloes in broken doses, other remedies continued.

October 1st.—7 A.M. No better. Remedies continued by Drs. Christian and Frayser.

8 P.M. Take gr.ss. tartar emetic every two hours until vomiting or a decided impression is produced.

2d.—7 A.M. Better. The tartarised antimony, after two doses were taken, produced great nausea and relaxation, resulting in gentle perspiration, which was kept up by Dover's powder and cal. taken every two hours. Deglutition less painful and difficult and every way more comfortable. For the first time in four days a cup of drink could be swallowed, still, however, with some difficulty, but much less pain. My recovery from this hour was gradual, but as rapid as could be expected. An unpleasant and distressing symptom which had existed during the attack; the suspension of healthy secretion in the fauces and throat, accompanied with an excessively pungent alkaline taste, like a mixture of calcined magnesia and lime, continued for several days. This dryness

and peculiar feeling in the throat was gradually relieved by acid drinks, for which there was considerable craving.

Tonics and nourishing diet restored perfect health in a few weeks.

Although the first of these cases originated without the possibility of contagion, as no cases of the disease had occurred previously, all the other cases occurred among persons who were a good deal with the sick, and no case occurred in this vicinity out of the circle of the visitors of those who were laboring under the disease. It is, however, proper to state also, that many who visited these cases were not attacked with the disease.

The circumstances all considered go very far in establishing the fact, that the disease was communicated by contagion, and that the limited extent to which it spread, not amounting even to an endemic, was owing to the want of the atmospheric condition susceptible of being so infected by the contagion from a few cases, as to become the exciting cause of the disease beyond contact with the sick; and thus spread it either as an endemic, or as an epidemic fever, as it has prevailed within two years past in the New England States, and in the southern parts of Indiana and Ohio, according to the accounts given of it by Drs. Hall and Dexter, and Dr Sutton. published in the Philadelphia American Journal of Medical Sciences; and also in the southern part of Mississippi, as described by Dr. Pickett in the New Orleans Medical Journal.

We have expressed the opinion that erysipelatous fever, in its general character, is a *pyrexia* of excessive action but deficient tone and power of the system, and if it were proper in this article to do so, the preponderating weight of medical authority, from ancient down to modern writers, could be adduced in its support; but not caring for any display of this kind, we shall only consider the characteristic distinction between *pyrexiæ* and *phlegmasiæ* as classes of disease, as shewn by the experiments of Andral and others on the blood, in various diseases and conditions of the system; and assuming this disease to be a *pyrexia*, consider its peculiar character,

from the specific cause which produces it, and from the condition of the system, and especially the blood, which gives rise to it, or is attendant upon it.

In *pyrexia*, the experiments of Andral have shown, that the proportion of fibrin is never increased, but often greatly diminished, while in *phlegmasia* the proportion of fibrin is always increased, and continues to increase until the inflammation is relieved. These relative proportions of the fibrin as a constituent of the blood, varying in amount in different cases and in the different stages of disease, are invariably characteristic of the two classes of disease, while the other constituents of the blood—the red globules—albumen and the serum may exist in various proportions in either class, only modifying the cases without giving invariable characteristic distinction to them.

In its general character, erysipelatous fever is peculiarly distinguished from inflammatory fever by the absence of adhesive inflammation, uniting and consolidating the serous membranes, and bounding and effectually limiting the extension of suppuration in the cellular structure. To the peculiar condition of the system—the state of the fluids, and the deficiency in the proportion of fibrin in the blood, precluding the effusion of plastic lymph to be formed into organised structure, is this characteristic difference mainly to be attributed. Instead of the adhesive inflammation and healthy suppuration that occurs in the phlegmasiæ, in erysipelatous fever, in the parts most impressed with disease there is effusion from the serous membranes, of bloody serum, or sero-purulent fluid with flakes of curdy lymph floating in it, and in the cellular structure profuse effusion of serum and lymph, producing great and diffuse swelling, and instead of healthy suppuration, the effused fluid degenerates into a sanious, or sero-purulent fluid, floating flakes of lymph, and extending often in the cellular structure between the muscles, their entire length; dissecting and separating the skin and muscles of a limb between the joints, or running the course of other muscles their entire length.

Taking this as a description of the peculiar general character of erysipelatous fever; the grades of the disease are so various, that it is sometimes so modified by various causes and circumstances, as the temperament of the patient, the natural vigor of constitution, the effects of kind and amount of food and clothing, habits of life, season of the year, age, the medical constitution of the atmosphere, &c., as to approximate genuine phlegmasia in its symptoms and pathological effects upon the system.

Admitting, therefore, willingly, all that may be claimed as to the different grades of this disease, and contending for diversity, and even opposite courses of treatment as being indicated in its different grades, we nevertheless incline to the opinion, that it is a disease sui generis, peculiar in its character, and produced by a specific cause, when it spreads to any considerable extent; and when it occurs sporadically in individual cases, is produced by the development of a peculiar constitutional susceptibility to the disease from ordinary causes.

After considerable investigation and much reflection on the subject, the treatment instituted and carried out in the cases that occurred here, would not be materially changed, because it was indicated and guided by the general inflammatory character of all diseases at that time, by the symptoms, the condition of the system, from the constitution, the habits, &c., of the different cases, without especial regard either to the name of the disease or to the high authority that erysipelatous fever, with diffuse inflammation, is a disease of feeble power and tone of the system, but excessive action.

The modifying causes and circumstances to which we have alluded, so influenced the disease in these cases as to approximate them near to the true phlegmasiæ, and the prompt and decided reduction of excessive action seemed indispensably necessary to prevent effusion in the brain in some of them, and in the cellular structure of the neck and about the throat, as well as to protect the brain, in my own case.

The case of the phlebitic form of the disease locating upon the peritoneum, in its course and speedy fatal termination,

corresponded with all the cases seen by Drs. Hall and Dexter, where the disease affected the peritoneum. In the other two fatal cases treated by other physicians, neither venesection nor other decided antiphlogistic and febrifuge remedies were resorted to in the early stage of the disease, and their fatal termination was evidently from effusion in the brain.

Whilst it may be claimed and conceded on the one hand, that the treatment of these cases was not only based on correct pathological views, and the most successful that could have been adopted, on the other it is readily admitted, that where the inflammatory character or approximation exists in a less degree, and where there are evidences of an enfeebled state of the solids, and an impoverished and unstimulating condition of the fluids, an opposite course of treatment, consisting of tonics, diaphoretics, antiseptics, &c., would best and most successfully prevent or arrest effusion and seropurulent degeneration, and guard the patient against the fatal effects and results of the disease.

Memphis, October 25, 1844.

REVIEWS.

ART. IV.—*Lectures on the more important Diseases of the Thoracic and Abdominal Viscera; and on Eruptive Fevers, Hœmorrhages, and Dropsies, and on Gout and Rheumatism.* Delivered in the University of Pennsylvania. By N. CHAPMAN, M.D., Professor of the Theory and Practice of Medicine, &c. &c. Philadelphia: Lea & Blanchard. 1844. 8vo. pp. 383 and 448.

The first of these volumes was published some months ago; the other has just been issued from the press. No intimation is given that they are to be followed by others, but it may be presumed that they are the beginning of a series, intended to embrace the course of instruction delivered for so many years, by the veteran author, in the most ancient medical school in our country. Those who heard these lectures will hail their appearance in their present form for the sake of the pleasant reminiscences which they will revive, and of the stores of experience which they have again rendered accessible; and others, who only know the author by his extended fame, will be curious to find on the pages of these volumes evidences of that learning, judgment, and professional skill which have kept him so long at the head of the first of American schools of medicine. We are not about passing a critical sentence on them. Many considerations operate with us to pursue a different course, and although it is not the most summary, we doubt not, it will be the most satisfactory to our readers. We shall make copious extracts from these volumes, selecting such passages as are particularly recommended by their

bearing upon practical medicine. From these a pretty fair estimate may be formed of the style, manner, and doctrines of the lectures.

The lectures embraced in the first volume treat of phthisis pulmonalis, cynanche laryngea, chronic laryngitis, asthma, angina pectoris, gastritis, organic lesions of the stomach, dyspepsia, enteritis, duodenal dyspepsia, chronic fluxes of the bowels, constipation, hepatitis, jaundice, splenitis, and congestion of the spleen. From the first lecture, which covers nearly a hundred pages, we shall make no extracts. Pulmonary consumption, the experienced lecturer remarks, is a disease on the consideration of which he "enters with little satisfaction;" and most writers would join him in the remark. He doubts whether a cure of the disease, when fully established, was ever effected. "Not an instance at least," he adds, "have I seen, and believe, that those who report to the contrary deceive themselves, or the truth is not in them."

An account of cynanche laryngea follows the long discourse on phthisis pulmonalis. Having alluded to the fact that it was of this affection that Washington died, and that it is a disease of advanced rather than of early life, he thus speaks of its pathology:

"Embarrassment as to the pathology of laryngitis is still confessed by many, though really I cannot perceive any peculiar obscurity about it. Enough, at all events, is ascertained, to assure us of its seat being mainly in the upper portion of the windpipe; and that, the action usually partakes of a mixture of spasm, and inflammation is no less apparent. But, in this respect, there is a striking similitude to croup, in the early stage, the most remedial of diseases:—whereas, laryngitis proves directly the reverse! To solve this problem satisfactorily, has perplexed some of the ablest writers. Towards an explanation of it, I will suggest, that much of the peculiarity of the latter affection as well in relation to the symptoms, as the difficulty of cure, proceeds from the position and nature of the phlogosis. That of croup, restricted more especially to the mucous tissue, is adhesive, eventuating usually in the exudation of coagulable lymph on its surface. Expending its force on the contrary in laryngitis, chiefly on

the subcellular membrane, it is of another character, productive of tumefaction, ending sometimes very speedily, and often when protracted, in effusion of serum, or lymph, or the secretion of pus, the first being the most common event. Laryngitis, in a word, is an affection, having an identity with the inflammation of common sore throat, in every leading feature, and is more serious only, from its location in a vital structure. It is very intelligible how either of its ultimate states mentioned, influences the case. By swelling from phlogosis alone, the larynx may be obstructed—and to this condition, the peculiar phenomena of the affection are mostly referable. But it is occasionally otherwise. The cellular which lies under the mucous membrane, becoming distended by an effusion, pressure is made on the rima glottidis, approximating its sides, thus occasioning a similar mechanical interception to the passage of air to the lungs."

After speaking of the use of venesection and emetics as remedies adapted to the first stage of this complaint, he mentions tobacco in the following terms:

"Nothing, however, within my experience, and I have tried divers means, so completely controls these periodical exasperations as a cataplasm of tobacco around the neck, or smoking the article, where the individual is not habituated to its use. The success indeed, of the few experiments I have made with it, leads me to believe, that it may prove a very important therapeutic agent in the more general management of the disease. It occasions very severe and protracted nausea, followed by thorough relaxation, and probably abatement of phlogistic action. Nausea, when long endured, has, indeed, a very decisive control over all such conditions, and particularly when there is a combination of spasm with inflammation. Examples are very numerous and strking to this effect. Colic is one of those instances, and I have seen paronychia, even furunculus, seated in the cellular texture, itself, mitigated or cured by it."

The eminent author is no friend to lobelia. He says:

"Many speak favorably of the lobelia inflata, and some extravagantly—with which I have no experience. From its employment I have forborne, on account of its deleterious properties as exhibited in the administration of other practi-

tioners, which I long ago witnessed. Of these poisonous articles I am terribly afraid, and should really experience some 'compunctious visitings of conscience,' were I to perpetrate death by such hazardous experiments."

The facts adverted to in the following extract are curious, and calculated to excite much interest. Treating of gastritis, the author remarks:

"There are, however, several points which are still left in some obscurity.

"1st. What is the explanation of the fact now admitted, that the most violent gastritis may prevail without its being betrayed by any symptoms whatever? It is probable, that, in most of such instances the stomach, having sustained a loss of its organic sensibility, it feels not its injuries, or, at least, does not manifest them—though on other occasions, the gastric lesion may be masked by the preponderancy of the affection of another organ, and above all the brain. Be this as it may, there is no peculiarity in the occurrence, every other viscus of the body, the lungs, the liver, the spleen, the kidney, the brain, &c., sometimes disguising the severest of even its structural derangements, in the same way.

"2d. To account for the phenomenon, that not the slightest inflammation can be detected in the stomach, when every assurance by symptoms had been given of the existence of gastritis, has proved equally perplexing. Different explanations does it admit. It may be ascribed to the reaction of the blood from the capillaries, by the act of death, as happens in the skin when inflamed by the exanthemata—and also, in the serous tissues, the peritoneum or pleura, of which some striking examples are recorded—or it may be referred to the emptying of the vessels by the copiousness of the effusions. Confirmed in some degree, is the latter hypothesis by the consideration, that in the pestilence to which I have alluded, whenever an excessive excretion of black vomit took place, no phlogosis or congestion was observable. To more common cases of gastritis, there are equally incident sanguineous, serous, and other exhalations, which may be productive of a similar effect. Nor is it improbable, that it sometimes is owing to such an overwhelming impression from the operation of the cause, as to prevent inflammatory action, though otherwise, the organ may fatally suffer, as in the case of prussic

acid, &c., or to the disease of the stomach having entirely ceased by a translation of it to some other part.

"3d. As to the circumstance of the stomach exhibiting the appearances of phlogosis, when it could not possibly prevail, the explication is more easy.

"In most cases of sudden death, and particularly in those I have referred to, it appears sufficiently, that it is occasioned by asphyxia, which state we know, independently of the direct evidence of Bichat, from actual inspection, produces fullness of the capillaries. Why this happens oftener and more prominently in the stomach, as is represented, probably proceeds from its being the *ultimum moriens.* Hallar states that vitality is sensibly retained in it, and the small intestines, when extinct in every other part. Conclusively, however, the late experimentalists have observed, that in opening living animals, for the purpose of physiological investigations, they uniformly perceived the stomach to become a centre of fluxion—its vessles filled, and its surface reddened, or darkened, exactly in proportion to their struggles. No structure, indeed, is so prone to assume these appearances as the alimentary canal. During chymification, the stomach has been proved to be red, or turgescent, from an augmented flow of blood to it—the same condition is presented by the duodenum, when it is engaged in the digestive process, and by those portions of the large bowels, where the fæcal matters accumulate and for a time are detained. The distinction between gastritis and gastric fever, consists mainly in the one being local, and the other so wide a sympathetic extension of the irritation, as to embrace and disorder more or less of the system, and especially the capillaries, which last is the essence of genuine fever It is a fact too interesting not to be pressed on attention, that the tendency to diffusion, in this case, is in the inverse ratio of the intensity of the primary phlogosis."

The learned professor thinks that physicians sometimes give their patients dyspepsia by excessive drugging. His statement of the case, which is as follows, is a strong one:

"Nor can the profession escape the imputation of lending its contribution to this mischief. Called to a case of disease of such obscurity, that no distinct notion can be formed of it, we go on groping in the dark, pouring down drugs empirically or at least tentatively, till the stomach gives way, and its

derangements are added to the pre-existing affection, by which a case is made of greater complexity, and of enhanced difficulty to cure. It is not easy always to avoid this course, from the ignorance or prejudices of mankind. The predominant estimate of the profession, even among the most enlightened people, leads to the delusive supposition that the materia medica has a remedy for every disease, and that the want of success under any given circumstances, is owing to the poverty of resource of the practitioner in attendance. Confidence is soon withdrawn should he intermit his exertions, which perceiving, he too often multiplies his administrations to avoid a dismissal, or to have imposed on him some one of the fraternity who, it is expected will bring forth fresh supplies. The consultation taking place, the new armory of weapons is opened and applied, with only an exasperation of the case. Not satisfied, however, further trials of others are made—there is a repetition of a similar proceeding, and the catastrophe is completed. This, which might by some be suspected as a sketch of fancy, is a faithful and unexaggerated delineation of a reality, I have frequently seen and delpored. Convinced that he was falling a victim to this very practice, the Emperor Hadrian deliberately prepared as an inscription for his tomb:

"'It was the multitude of physicians that killed the Emperor.'"

Of tobacco, as a cause of dyspepsia, the author has the following to say:

"The most common of the causes of the disease, in certain parts of our country, is the enormous consumption of tobacco in the several forms. Certain I am, at least, that a large proportion of the cases of it, which come to me, are thus produced. It is usually very obstinate, and sometimes of a truly melancholy character. Easy as it were to cite numerous instances to this purport, I must be content with a limitation.

"By a member of congress from the West, in the meridian of life, and of a very stout frame, I was sometime since consulted, who told me, that he labored under the greatest physical and moral infirmity, which he was utterly unable to explain, and that, from having been one of the most healthy and fearless of men, he had become, to use his own phrase, 'sick all over and as timid as a girl.' He could not present

even a petition to congress, much less say a word concerning it, though he had long been a practising lawyer, and served much in legislative bodies.

"By any ordinary noise he was startled, or thrown into tremulousness, and was afraid to be alone at night. His appetite and digestion were gone—he had painful sensations at the pit of the stomach, and unrelenting constipated bowels.

"During the narrative of his sufferings his aspect was ghastly, approaching the haggard wildness of mental distemperature. On inquiry, I found, that his consumption of tobacco was almost incredible, by chewing, snuffing, and smoking. Being satisfied that all his misery arose from this poisonous weed, its use was discontinued, and in a few weeks he entirely recovered.

"Distressing as was this case, I have seen others, from the same cause, even more deplorable. Two young men from the country were in succession brought to me for advice, whom I found in a state of insanity very much resembling delirium tremens. Each, I was told, had chewed and smoked tobacco to excess, though perfectly temperate as regarded drink, and which representation proved to be correct. The farther account given me was, that early in life, adopting this bad practice, it grew with their growth. Dyspepsia soon occurred, attended by great derangement of the nervous system, and ultimately the mania I have mentioned. But I have also seen the same condition very speedily induced.

"Five years ago, I was requested to visit a young man at one of the hotels in this city, who had been a resident in it for several weeks. The general aspect of the case so strikingly resembled delirium tremens, that I at once pronounced it to be that affection. But I was assured of his sobriety, and that he had been brought to his present situation by having kept his bed for several days, under the influence of nostalgia, during which period he actually subsisted on tobacco. More recently, I saw quite a youth affected in precisely the same manner, owing, most unquestionably, to the exorbitant use of cigars. Both of these cases were cured chiefly by abstinance from this pernicious practice."

Among the causes of chronic hepatitis Professor Chapman enumerates the excessive use of mercury. His words are—

"Nor can I help thinking, and on no slender grounds, that the extravagant use of mercury by many of our practioners

in the treatment of autumnal fevers and other diseases, must also be assigned as frequent cause of chronic hepatic affections in some portions of the United States. More than any other article of the Materia Medica, at least, has it the power of exciting the actions of the liver, and it is a law of our nature, that all high excitement is followed by a correspondent degree of debility. From the circumstance of the prodigious employment of calomel in cases to which I have alluded, amounting to several drachms daily, it seems to be no unreasonable supposition, that the hepatic apparatus, thus over-stimulated, should fall into collapse, and, in this condition of exhaustion, torpor to take place in the portal circulation, productive of congestion, eventuating in phlogosis, induration and other derangements. Doubtless in this mode do miasmata and high temperature, separately or unitedly, and the habitual consumption of ardent spirits operate to the same effect. As confirmatory of this view, it is stated, by Dr. Somervail, a most respectable physician, of the South of Virginia, who has practised medicine for nearly half a century, in that section of the country, that till the introduction of mercury, a comparatively modern event there, into the treat- of autumnal diseases, hepatitis was hardly known, and subsequently, it has most widely prevailed. We have also seen, that it is the opinion of Annesley, whose opportunities of witnessing the effect were so ample, that the large use of mercury in the inflammatory stage of acute hepatitis, by an increase of excitement, has a tendency to induce chronic degenerations. That it occasions jaundice, most probably, by deranging the liver, will hereafter appear, as well on the authority of some cases which several years ago occurred to myself, as others, more recently reported, by highly respectable European writers, in support of the conclusion."

A large space in the second of these volumes is given to the consideration of *small pox*, and its prophylactic, vaccination. The author accumulates a large amount of testimony concerning the efficacy of the vaccine virus, and he thus sums up in conclusion:

"It seems, on the whole, to be agreed among those who have had opportunities of judging, that the primitive matter, wherever obtained, proved more active and operated with greater certainty. The local inflammation, as well as the constitutional disorder, was more violent, and a manifest im-

provement exhibited in the vesicle and subsequent pustule, areola, &c. How far this representation is correct I cannot say from my own observations, every attempt which I made with the Bristol matter having been unsuccessful.

"The experiments to which I have alluded are very defective. They show only greater energy in the new virus, leaving the fact of the capability of the impression created by it to protect against small-pox immediately or remotely in absolute doubt. Nor does the mere circumstance of higher intensity of action, local or general, or even of more perfect development of the pustule prove very conclusive. The spurious disease, in many instances, as previously intimated, is remarkably distinguished by the two former particulars, and the occasional fallacy of an unexceptionable local affection, in every respect, as to its commencement, progress, maturity, and declination, is universally admitted. Examples, without number, of the failure of vaccination, and when performed, too, by the most experienced, have occurred with every favorable indication. Much remains to be accomplished in this investigation to the ascertainment of truth."

Measles is the subject of the next lecture and we again extract the closing paragraphs, which relate to points of practical interest.

"Measles is singularly prone to sequelæ or consequent affections, among which are catarrh and pneumonia, opthalmia, aphonia, diarrhœa and some other more chronic derangements. Even when a predisposition only exists, it is exceedingly apt to ripen the tendency into actual disease, and particularly scrofula and phthisis, to which some writers add hepatitis. Nothing, however, very peculiar characterizing the management of the generality of these secondary affections, I shall scarcely notice them further. It may be sufficient to say that the whole of them are to be treated by those remedies the best adapted to subacute or chronic inflammation, which is their true pathological condition. Yet diarrhœa, from the extreme debility often associated with it, is apt to lead to a deception, and which, on this account, may require to be specially designated.

"Too commonly, under such a delusion, a resort is had to the astringent and testaceous preparations, which are both ineffectual and mischievous. The lax, in this case, is the result of inflammation of the mucous coat of the intestines, and

can only be relieved by the measures I have intimated. It was Sydenham who first made known this fact, and subsequent experience has abundantly confirmed it. Bleeding, general or topical, in moderation, with ultimately a blister to the abdomen, and the Dover's powder exhibited at night, with an occasional recurrence to the warm bath, constitute the proper means. Continuing obstinately, however, calomel or the blue pill, in minute doses, with opium or otherwise, becomes necessary, and more especially where the liver is concerned, which sometimes happens.

"It remains to remark, that the black appearance occasionally taking place at the close of the eruption, giving to the disease the title of rubeola nigra, is said to be speedily removed by the internal use of the muriatic acid. But, for the most part, as spontaneously subsiding in a short time, it may be disregarded.

"My wish, in closing the subject, is further to urge the importance of more circumspection in the treatment of measles than it usually receives. We have seen that, in its graver states, how many organs it involves and the serious injuries inflicted. As much, perhaps more to be dreaded, are such lesions than the disease itself. That the affections it entails or developes are the results of imperfect cures, and hence might be obviated by better practice, is my deliberate opinion. Being decidedly inflammatory in its common nature, it obviously exacts the antiphlogistic course in all its details, and especially the loss of blood, to the neglect of which I am disposed to ascribe mainly the mischief so lamentably experienced. Never have I known a case of inflammatory measles to resist adequate bleeding. But our care must not stop here. Caution should be enjoined, even after the disease is seemingly cured, and still more during convalescence, against any exposures to cold, or improper indulgencies, or trespasses of any kind."

Scarlatina is a malady, the mention of which will excite a much deeper interest—it is treated of in the succeeding lecture. Concerning its history the author thus expresses himself:

"Doubtless scarlatina is a disease of modern date. Certain passages have been cited from some of the ancient writings, thought to refer to this, and its affiliated affections, which, on a more careful examination, will not bear such an interpreta-

tion. Its introduction into Europe is commonly traced to an importation from Africa, and is said to have first broken out in Spain, in 1610, whence it spread to Naples, where it prevailed eight years afterwards, as an epidemic, with unexampled violence. Fifty thousand persons are said to have died of it in that city, and half a million in the Neapolitan and adjacent territories, before its cessation.

"By Sydenham, and subsequently Moreton, some account was given of it as prevailing in London in 1689. But so widely do their descriptions differ, that they can hardly be supposed to refer to the same disease, the one representing it to be very mild, and the other as directly the reverse.

"In 1735, it made its appearance in New England, gradually diffusing itself, to a greater or less extent, over this continent. Much confusion, however, exists in the history of the disease, owing to the want of a just discrimination in those by whom it is described, and especially at an early period. No distinction is made in most of these records between it and measles, or even small-pox, except as to gradation of violence; and so lately as the time of Moreton, and even of Watson, the latter of whom wrote about the middle of the last century, the identity of it and measles was maintained. Bateman declares 'that Withering's publication of it in 1778, or rather the second edition of it in 1793, may be considered as the date of the correct diagnosis of the disease.' "

The author believes in the contagiousness of the disease. He says—

"It is questionable at what stage scarlatina acquires this property, prior to or after the eruption. Many believe that it is most active during the desquamation, and at all events, it seems to retain it till this process is completed—the scales being impregnated with the virulent secretion of the skin. Yet the disease cannot be propagated by inoculation with matter procured from this or any other source. Contrary statements have been made, I am aware, though on no good authority. To *fomites* of various kinds it adheres very tenaciously for a long period, with an entire preservation of its efficiency, in proof which we have some striking facts. My friend, the late Dr. Percival, of Dublin, imputes the introduction of scarlatina into that city to a box of toys from London, which had been exposed to the contagion. That the disease was propagated in this way, however, is hardly to be credited,

and the story seems to me very like the famous report of Hildebrand, who assures us, that as soon as he arrived in Podolia, scarlatina broke out and spread most widely, which he ascribes to the retention of contagion in a coat he had worn in the disease a year previously in Vienna. Nevertheless, the long continuance of infection in apartments where the disease has existed, though every purification be practised, is unquestionable. Elliotson, of London, states, in confirmation of it, "that all the children admitted into a particular ward in a hospital under his care, were seized with scarlatina for nearly two years, in consequence of a patient with the disease having been in the ward at that remote period, and this in despite of white-washing and other cleansings.' "

We give his remarks on belladonna as a preventive of the disease, the last of which are highly characteristic of the author:

"As a preventive of scarlatina, the use of belladonna has, of late, attracted some attention. The facts, indeed, bearing on this point, are exceedingly curious, and, coming from respectable sources, ought not to be contemptuously or heedlessly passed over or rejected. Berendt, a physician of Vienna, declares, that, by the use of the article, only fourteen out of one hundred and ninety-five children exposed to the contagion, took the disease, and these had it very mildly. We are further told by Professor Herholdt, of Copenhagen, that he found it to preserve several hundred children, during the prevalence of the disease as an epidemic in that city; and, on a subsequent occasion, when it appeared even more violent, out of nearly an hundred families, all escaped except one, and of this he is doubtful whether they took the medicine. The testimony of Koreft, of Berlin, is scarcely less decisive—that of Godelle, who avers that *he has never seen it to fail*, still more so, and a variety of attestations from other medical men of the continent of Europe, might be adduced. Ten or fifteen drops to children, according to the age, morning and night, of the watery solution of the extract of belladonna, in the proportion of two or three grains to an ounce of water, is the common mode of exhibition.

"To what extent these statements are to be credited, I cannot say from any experience of my own. Distinct from the authority by which they are sustained, when we advert to the powerful impression of the belladonna, we may, on the prin-

ciple of the incompatibility of two actions simultaneously existing, get an explanation of its *modus operandi*, and be not altogether incredulous. That preoccupying the stomach by food, cordial drinks, and even by certain medicines, as opium or bark particularly, has proved prophylactic as to intermittent and some other diseases, is abundantly demonstrated. Yet, by the assurance of Hahneman, the author of the homœopathic doctrines, which, originating in fraud and imposture, and continued by the most atrocious wickedness, that he was equally successful in the infinitesimal dose of a few drops daily, of a solution, each drop of which contained no more than the twenty millionth part of a grain of the extract, distrust and even ridicule are cast over the whole affair, and our faith must be withdrawn or suspended till fresh and better evidence is afforded."

Following out our plan of presenting extracts from each lecture, we have next to give one from that which discusses hæmorrhage at great length. As usual, the part selected contains practical suggestions—it relates to the use of emetics in hæmoptysis:

"It remains only to detail some of the results of my experience, in confirmation of the efficacy of the practice which has been suggested, to be illustrated by a few examples.

"In 1807, I was called to a young man of consumptive tendencies, who, for several months, had suffered occasionally from hæmoptysis, and was treated by another physician in part by digitalis. Being suddenly attacked with a copious effusion of blood, he took before my visit an exorbitant dose of the medicine which excited vomiting; the hæmorrhage ceased, he became convalescent, and ultimately recovered. Effects so decided I did not then impute altogether to the act of puking. As often happens from digitalis, an extremely distressing nausea continued for several days, to which I thought it probable the permanent benefit was in a considerable degree owing.

"Encouraged, however, by the cure, and influenced, perhaps, still more by theoretical notions of the nature of hæmorrhage, and of the applicability of the remedy to it, I resolved to subject the practice to a further and fairer trial.

"It was not long before I had an opportunity of doing so in the instance of a young man from the country, whom I had been attending for several weeks, for pulmonary con-

sumption. Three years previously to my seeing him, he was compelled to abandon the study of the law on account of the frequent recurrence of spitting of blood—and when he came under my care was far advanced in phthisis. One night he was aroused from sleep by a repetition of the hæmorrhage, and on my arrival had lost more than a pint of blood without any diminution of the flow. Common salt, sugar of lead, and such like articles were used in vain; and bleeding, generally or locally, seemed inadmissible, from the debilitated state of the system, and of the pulse especially. Excepting an emetic I was nearly destitute of resource in this emergency; and accordingly twenty grains of ipecacuanha were administered, which soon bringing on vomiting, the effusion was suppressed. On several subsequent occasions the same means proved equally effectual, though ultimately he died of the main disease.

"I had within a month a third case, which afforded me a further opportunity of pursuing the practice, and of confirming my confidence in its efficacy. It was that of a young woman, who, a considerable time before, having suppressed her menses by an exposure to cold, had, ever since, at irregular periods, suffered from hæmoptysis. When I saw her, which was in consultation, the hæmorrhage had already existed for forty-eight hours, the loss of blood very considerable, and she much exhausted. As the usual remedies had been unavailing, I induced Dr. Stewart, with whom I was attending, to try an emetic of ipecacuanha, which put an end to the hæmorrhage, and by propor management, subsequently menstruation returned, and with it a restoration of health.

"More than thirty years have since elapsed, during which lengthened period I have pursued this treatment, and with such success as to have inspired great confidence in it. Like all other means, it will sometimes fail, as might be expected from the diversified nature of the causes and states of the hæmorrhage. But I am persuaded, when properly applied, it will be found to do more than any thing else, and certainly from my own observations, it never produced mischief in the vital or spontaneous extravasations. The emetic I have preferred, and, indeed, only prescribed in these cases is ipecacuanha."

We shall offer longer extracts from the discourse on *purpura hæmorrhagica*—an affection, the causes and pathology

of which are still involved in great obscurity. On the former point our author remarks:

"Not much is satisfactorily determined as to the causes of purpura. The highest authorities, however, seem to be agreed that it is mainly associated with a bad habit of body, acquired by some positive antecedent disease, or by inhabiting low, damp, dark, ill-ventilated dwellings, with the other incidents inseparable from poverty; penurious diet, defective clothing, labor to fatigue and exhaustion—all aggravated by mental anxiety or sharper misery. But no less is it admitted, that the affection occurs, and, perhaps, nearly as often among persons seemingly in sound health, and in the full enjoyment of the comforts and felicities of life. These are the representations of the books, which I am inclined to suspect refer to two states of disease not identical—the one a modification of scurvy, and the other purpura proper—thus indiscriminately confounded. Much have I seen of the former, in the final stages of cholera infantum especially, and only some five or six cases of the latter—every one of which was in a healthy subject, of respectable condition, with no privations or inconveniences of living.

"The principal difficulty in the diagnostication of purpura arises, indeed, from its analogy to these scorbutic bleedings. Contrasting, however, the two affections in their prominent features, we shall perceive sufficient individuality in them without descending into details. Genuine purpura seems to me to be of sudden access—often without an appreciable cause—takes place in sound individuals, and is a singularly pervading and an active hæmorrhage—the dermoid tegument participating to a limited extent only. Extravasations of blood incident to scurvy, are reversely slow in development, uniformly preceded by extreme pravity of system, brought on by obvious causes, are more local and of smaller amount, the blood being also different. Yet, much perplexity existing, the whole history of the case must be surveyed in its rise, progress, and present condition, so as to render a correct decision attainable."

He has not the difficulties which many experience as to the pathology of the disease. His views concerning it are conveyed in the following extract:

"The peculiar obscurity confessed by many in the pathology of purpura, I cannot perceive. That it is not of the nature of scurvy, nor of the petechiæ of fever, is clear. Neither can it be placed among the exanthematous eruptions. As an hæmorrhage it must be considered, varying from others in this respect chiefly, that while the generality of them are assignable to obvious causes, this one comes on in the absence of every thing to explain its production. Coupling this circumstance with the extensiveness of its prevalence over the body, I know not to what else it is referable than the constitutional state, vaguely called the hæmorrhagic diathesis or tendency. Great reason have we to suppose that it is independent of any of the ordinary organic lesions, and proceeds from derangement of innervation, producing the change in the capillaries and in the blood itself, favoring sanguineous effusions, and which condition may be natural or acquired, the latter, sometimes, also permanent or very enduring."

We copy his remarks on the treatment of purpura:

"Called to a case of any activity, venesection should be instantly performed. It is the only decisive remedy. Nor is the amount of blood detracted to be small, or any timidity to deter from a repetition of the operation, where the necessity for it exists. I drew as much as sixty ounces in one case, and in another half this amount, in several successive bleedings, with the most decisive advantage. The course is justified by the state of the circulation, by the appearance of the blood, which is thick and sometimes heavily sized, by the albuminous urine, by the acuteness of pain in the cavities, and by the relief afforded from the hæmorrhage itself when not excessive. Many of the European practitioners, as Parry, McIntosh, &c., give to it their support, though not so intrepidly as I have ventured. But it is not to be supposed that under any other circumstances than stated, and in the extremest emergencies, would I carry it to such an extent. Generally, my bleedings are far more moderate, and especially in an advanced stage, where the loss of blood is ill borne.

"Next in value of the remedies is purging deemed, with the saline articles, and there are facts to render it probable that the sulphate of soda is specially adapted to the disease. Great benefit, however, is derived by cold applications to the surface—either sponging or covering it over with cloths wrung out of water of a moderate temperature. Nay, on one occasion, in consultation with Dr. Meigs, we immersed a girl in a

id bath, and with such effect that henceforward she speedily covered. It was on the second day of the attack—the purra pervaded her skin, and though she had been previously pleted, the pulse was still full and strong, and the surface rm.

"No confidence do I place in the astringents and acids ually appropriated to hæmorrhage, and have little experice of the alkalies and neutral salts recently recommended the authority of Stephens. But I am disposed to believe at opiates are deserving of attention, more, however, from alogy than any better evidence. Emetics and the spirits of rpentine I would, for the present, place on the same footing.

"In the less active states of this disease, some variation in e treatment is required. Blood-letting, if admissible at all, st be practised cautiously, as well, indeed, as whatever else calculated to increase debility. Debarred of the former, wever, we are nearly destitute of means of any certainty advantage in an urgent emergency. Those previously umerated, and commonly employed, have proved nugatory my hands. My trust would be mainly in the sulphate of ia, the spirits of turpentine, the sulphate of quinine, opiates d wine."

The following extract is hygienic in its character, and ll be read with pleasure. The testimony borne in it to nperance by the veteran professor is emphatic and consolry. He is treating of gout, the connexion of which with ticular modes of living is well understood. He says:

"Of the dependence of gout on the habits of living, no onger proof can probably be supplied than from the annals this city. When I commenced my professional career, the ase abounded in the higher circles, and then it was the ctice to drink punch in the forenoon, to continue it at ner, or to resort to ardent or malt liquors, followed by a ral use of diverse wines, closing the evening with substansuppers and stimulating potations. But, in this respect, hin the last thirty years, a signal change has taken place. punch or distilled spirits, and comparatively little malt or, has been consumed, and the custom of supping is rly extinct. Temperance has superseded debauchery or ess, and gout, thus deprived of its aliment, is fast perishing ay. My opportunities have enabled me to ascertain the t, that so late as the commencement of the present cen-

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"From our tables now, no painful surfeits,
No fed diseases grow, to strangle nature,
And suffocate the active brain. No fevers,
No apoplexies, no palsies, no gouts
Are here."

Contemplating this happy reformation, who can forbear to
aim with the fair poetess—

"'Tis to thy rules, O temperance! that we owe
All pleasures which from health and strength can flow;
Vigor of body, purity of mind,
Unclouded reason, sentiments refin'd,
Unmixt, untainted joys, without remorse,
Th' intemperate sinner's never-failing curse."

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* Scudamore on Gout.

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tury, a hundred cases of the disease existed in this community where one is now to be met with, and, with few exceptions, these are the remnants of other days, serving as memorials of a state of society, of which there are scarcely any other traces to be recognized. Literally is it true, as expressed by May, one of the oldest of the English dramatists:

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"To the causes of gout must, as previously intimated, be added sedentary, indolent, or intensely studious habits.

"It is well known, that in the common orders of life, the disease hardly exists, and infinitely less among the higher classes who pursue occupations of active industry. Neglect of the exercise of walking has particularly an effect, and among other evidence of it, which we learn, is, that while the people of Edinburgh, who, from the location of their trade at Leith, the seaport town, a mile or more distant, usually ride, are very liable to the disease; those of Glasgow, the practice of whom is different, are nearly exempt from it.*

"Not doubting the influence of this custom, to a certain extent, I am still inclined to impute more to a wider difference in the character and habits of the inhabitants, in other respects, of these two cities. Edinburgh is the abode of the opulent, the noble, the learned, and also the refuge of nearly every veteran of Scotland, of the military, naval, or civil service, who returns from the performance of arduous and lengthened duties, in distant and sickly climes, with shattered constitutions, to enjoy at home luxurious ease. The one city

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* Scudamore on Gout.

has claims to the highest intellectual society, though voluptuous, and even grossly dissipated, at least it was so in my time, and the other the reverse, or that marked conspicuously by economical prudence and active, stirring, money-making industry. Thus contrasted, can the disparity, as to the relative prevalence of the disease in the two places, be a matter of surprise?"

The following extracts exhibit the author as historian. In the first he is relating the process of *inoculation*, and in the second the origin of *vaccination*. Such passages enliven many of his pages, and amid the dry details of practice must have proved eminently refreshing to his pupils. These extracts afford fair specimens of the style of the author which is not without its peculiarities. Having noticed the slow advances of inoculation in England, he goes on to say:

"The progress of this discovery was, throughout the continent of Europe, still more retarded. Except in Hanover, into which it had very partially crept, no where was it to be recognized. *Narcotized* Germany laid, at the time, prostrate under the stupefaction of despotism, unable to 'shake the poppies from her head,' insensible to improvements, and, perhaps, without the consciousness of possessing those fine intellectual energies she has since displayed. The very attempts to introduce this new practice were met by mounds of popular prejudice, encouraged and fortified by her most eminent medical men, De Haen, Van Swieten, &c.

"Even in France, with the illumination of her literature, science, and philosophy, it had to encounter, for a season, an irresistible opposition. Condemned, *ex cathedra*, by the faculty of medicine at Paris, it remained slighted for many years. Neither appeals to reason nor common sense, nor the weight of cumulative facts, had any effect. Finally, however, Voltaire, returning from England, whither he had been, took the subject in hand, and, by his representations of the immense advantage of the new practice, which he had there witnessed, and above all, as the only preservative of female beauty against the most hideous deformities, enlisted the ladies of the court in its behalf, and henceforward inoculation became quite the vogue in the higher circles, whence it spread, as other fashions, among the people. To the influence of this extraordinary man, operating on the vanity of women, does it appear

that we are mainly to assign the just appreciation of one of the greatest boons ever conferred on humanity—such being the mysterious modes often adopted by Providence for the revelation or dispensation of infinite goodness! Means, however, were still wanting to execute the plan which had been devised of extending this blessing to the poor, and these were supplied on the coming into power of Turgot, the wise, the liberal, the benificent minister of the French treasury. Enough, perhaps, has been said to show that this, in common with every other improvement, wheresoever it may emanate, was eagerly received, and skilfully pursued by our own, in the proper sense of the term, truly enlightened country, whose mind has never been perverted by vulgar prejudice, or weakened by fearful superstition, or its determinations thwarted by aristocratic influence, or the power of antiquated corporations, or that of Government itself, so perniciously felt in the Old World."

The history of Jenner's immortal discovery is thus pleasantly mixed up with anecdote, and we give it without any fear that it will prove tedious, although the extract is a long one:

"In 1768, while Jenner was a student of medicine, residing in Gloucestershire, he heard of the prevalence of an affection on the udder of cows, of a pustular nature, which occasionally infecting the hands of those who milked them, produced a correspondent affection, proving a preventive of small-pox, as well in the natural way as by inoculation.*

Deeply impressed with the value of the intelligence he had collected, Jenner repaired to London, to prosecute his studies under the auspices of John Hunter. During the period of their connection, frequent conversations were held between them regarding the cow-pox and its reputed properties. Engrossed, however, with other occupations, the preceptor was

*Not uninteresting can it be here to mention, that I have been told by Dr. Neil, of this city, that much about the same period, and certainly without any information from abroad, his father, who practised physic on the Eastern Shore of Maryland, was in possession of essentially similar facts. It has also been rendered probable, by M. Hussen, that a certain M. Robant, Protestant minister at Montpelier, in France, had so early as 1781, made some verbal communications to several persons, indicating considerable knowledge of the subject.

without leisure, or did not deem the matter worthy of his immediate attention. Having returned home, after a considerable interval, Jenner resumed his favorite investigation, which he steadily pursued till the consummation of his mighty and marvellous discovery. This took place on the 14th of May, 1796, which is held to be the birth-day of vaccination. It was on that day, says his biographer, Barron, 'that matter was taken from the hand of Sarah Neimes, who had been infected by her mother's cows, and inserted by two superficial incisions into the arms of James Phipps, a healthy boy of about eight years old. He went through the disease apparently in a regular and satisfactory manner. But the most agitating part of the inquiry remained to be performed. It was needful to ascertain whether he was secure from the contagion of small-pox. This point, so full of anxiety to Jenner, was fairly put to issue on the 1st of the following July, when inoculation with variolous matter, immediately taken from a pustule, was practised without any infection.' But though, having thus experimentally determined the fundamental principle of his discovery, he still sedulously proceeded to perfect it by the investigation of details, or of collateral matters, calculated to illustrate and confirm it.

"The points which he thought he had ultimately demonstrated were, that the cow-pox was readily imparted to the human species by inoculation, to be passed from individual to individual, without deterioration or change, giving an immunity against small-pox—it being itself a very mild affection, entailing no pernicious consequences, and utterly destitute of the quality of infection through the medium of the atmosphere, or of communication in any other mode than the one stated.

"Entirely satisfied of the accuracy of his conclusions, he resolved to lay them before the public through the transactions of the Royal Society of London. That learned body, however, placed such slender confidence in his representations, so extraordinary did they appear, that his paper was returned, with a friendly admonition to withhold it from the press, lest it should injure his reputation. Happily, the advice was not followed; and in 1798, twenty years after the commencement of his inquiries, he published, in a small pamphlet, in a style the most modest, his great discovery. From this period, vaccination came progressively to be diffused throughout the civilized world, meeting, in different countries, various degrees of resistance, according to the extent of prejudice against it, or the inefficiency of exertion in its behalf.

"More at home, however, than elsewhere, was it assailed by vulgar or illiberal abuse, pretty much in the mode previously pursued in regard to inoculation. Conspicuous among the anti-vaccinists was Mosely, advantageously known by his writings on tropical diseases, whose hostility amounted to fanaticism. Determined in his opposition from the first, to the practice, he ultimately issued a small tract upon the subject, in which, amidst other extravagant absurdities, he ventured the prediction that, 'by the influence of bestial humors, imparted in the process, the 'human form divine' would become degenerate, and another brood of Minotaurs produced.'

'Semibovemque virum, semivirumque bovem.'

"Mosely had occupied a considerable position in the professional and social relations of London, and his perpetration of such folly created much surprise. But, as I have heard, he was actually insane at the time. From the patronage of the Duke of York, he had lavished on him the practice of the court, and higher circles, with the lucrative sinecure of physician to the Chelsea Hospital. Thus, as he was basking in the sunshine of prosperity, an incident occurred to blight his fortunes. The Duke having a cold, sent for Mosely to consult him on the safety of his going out to review a body of troops lately returned from the Egyptian expedition, who protested against his leaving the house.

'The dawn was overcast, the morning lower'd, and
Heavily in clouds brought on the day.'

"Nothing, however, could restrain the ardor of the hero, and while on the *deluged* field, he broke out with measles, and became very ill. The physician was charged with criminal ignorance, for not having promptly discerned the nature of the inchoative disease that jeoparded the life of his royal highness, and was instantly punished by deprivation of all his privileges, honors, and appointments. Calamities so heavy, and unexpected, were insupportable. His mind gradually gave way under the pressure of grief and mortification, and, while in a state of hallucination, this unhappy production escaped from it. Not long afterwards, he died in poverty, obscurity, and confirmed madness:

> ——— 'O, how wretched
> Is that poor man that hangs on princes' favors!
> There is, betwixt that smile we would aspire to,
> That sweet aspect of princes, and their ruin,
> More pangs and fears than wars or women have,
> And when he falls, he falls like Lucifer,
> Never to hope again.'*

"But, though subjected to this and some other annoyances proceeding from individuals of greater responsibility, actuated by ignorance, envy, or malice, Jenner was encouraged and sustained by the applauses of the better part of his profession, the countenance of his sovereign, the liberal rewards of Parliament, and the gratitude of mankind. Many of the most eminent personages of the period courted his personal acquaintance, and nearly every learned association enrolled him among its members, or bestowed on him its honors. Not to swell the catalogue of his titles, he was elected into the Royal Society of London, the National Institute of France, and the American Philosophical Society; and received the degree of Doctor of Laws from Oxford, and one or more of our own universities. Both hemispheres united in rendering him its grateful homage.

"Napoleon himself, at the height of his glory, bowed to the supremacy of his merits, in an offering of a tribute to them deserving of preservation, from its moral beauty. It happened that, among the Englishmen detained at that moment in France, in retaliation of an act of hostility of the British Government, which had engendered the most envenomed feelings, there was a nobleman of great distinction, for whose release very strenuous efforts had unavailingly been made. As a member of the National Institute, it was thought that Jenner, from his powerful influence, might, through that body, effect the object, and, accordingly, by request, he made the application. The Institute, however, was impotent without the emperor's approbation, and, therefore, addressed him on

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* The above anecdote I give on the authority of a person entitled to confidence. Part of the statement I know to be true. In the fall of 1801, I was on Wimbleton Common, near London, on the occasion of the review, saw the duke exposed to a heavy rain for several hours, read the daily bulletins of his illness, and it was generally said about town that Mosely had been dismissed and degraded, for the very reasons mentioned. The anecdote is communicated to vindicate, not to insult, the memory of a man of no common merit.

the subject, whose memorable reply was: 'That, which I would not grant to the prayer of embodied Europe besides, I will concede to the wishes of the most illustrious benefactor of humanity. It shall be done.'" Y.

ART. V.—*Ethics of Medicine: An Anniversary Address delivered the 3d of April*, 1844, *before the Medico-Chirurgical Society of Louisiana.* By THOMAS M. LOGAN, M.D. Published by the Society. New Orleans, 1844.

The Claims of Religion on Medical Men: A Discourse, delivered in the Tenth Presbyterian Church, Philadelphia, on Sunday evening, November 24th, 1844. By B. A. BOARDMAN, Pastor of the Church. Philadelphia, 1844.

In a nation, the constitution and laws determine the genius of the government—the officers fix the character of its administration. If either be bad, the good which the other would exert, is countervailed; if *both* abound in imperfections, the condition of the governed is unfortunate; when both are excellent, the people are prosperous and happy. If we contemplate our profession in similitude with civil government, we find principles and practitioners, both of which are imperfect—both should be improved. Human nature has within itself many guaranties for the active cultivation of the former; and experience proves it not to be neglected. Love of gain and glory, curiosity and thirst for knowledge, have, and ever will stand responsible for a diligent attention to medicine as a science, or rather a group of sciences. But these principles of our nature, so far from pomoting the amelioration of character, which should prevail among those who practise the profession, too often arrest it. Thus avarice and ambition generate selfishness; and even philosophical curiosity, indulged as a passion, may draw the soul's blood to itself, and leave benevolence, generosity, and courtesy, to perish for want of that nutrition which their exercise only can supply. A full acquaintance with the principles of the profession, makes a man

of science, but not a worthy physician. To become such, his moral sentiments must be developed not less than his intellectual faculties.

Unfortunately, our systems of education if not *limited* to the latter, direct their power chiefly upon it, and leave the former to grow up under whatever accidental influences may happily fall upon the student during the years of his pupilage and probation. In examinations for a degree, what medical institution ever thinks of extending its inquiries into the moral *character* of its candidates—how many even recognize, practically, the *reputation* of those whom they are about to usher into society, as its guardians of health and life? And, still, why should not his moral and social instincts, principles, and habits, be taken into account, when he asks admission into the ranks of a profession, the duties of which cannot be exercised acceptably to his brethren or society, if they are bad? It is expected, that before a young man enters a medical school, he should have made certain attainments in literature, not so much because he could not study science without them, as because their absence when he became a physician, would bring odium on the profession. But why should it not be equally, nay, still more, expected, that he should understand the principles of moral, social, and professional duty; and admit their obligation: his life up to that time having afforded evidence of their power?

But what are these principles? Where can they be found? We answer, unhesitatingly, in the BIBLE; which not only presents the whole, but offers them in connexion with all the sanctions of *both* moral philosophy and christianity. Does the former rest its obligations of duty on benevolence? The latter resolves every duty of man to man into that principle. Does it refer to a natural sentiment of justice? The latter every where commands the practice of that virtue. Does it rest upon utility? Christianity declares that Godliness is *profitable* for this life, not less than the life to come. In fact, whatever motives moral philosophy may have suggested for a life of rectitude, kind feeling, and gentle manners, the Bible re-

cognizes the same; with the superadded obligation of a divine injunction. Thus it covers the whole ground of human duty, and recognizes every motive, which natural theology and moral philosophy admit, while it every where presents additional motives, which it declares to be revelations from God. In commending its study, we are not under the necessity of relying on the latter. Depending, at this moment, on the former alone, we may affirm, that the scriptures are the best book of moral philosophy, which the world has yet known; and that if every other were annihilated, nothing would be lost to the morality of mankind—no admissible motive left unrecognized, no personal duty unindicated, no maxim of social intercourse unsupplied. In what do all the disquisitions of moral philosophy terminate, but the principles and precepts of the Bible? What do they establish but the wisdom, merely human if you will, of a book far older than the most ancient among them? If it be a necessary part of education, to learn our duties towards those around us, and the *whole* are found scattered through the Bible, why should it not be studied? Why not derive our knowledge from a book whose antiquity, diversified authorship, solemnity of style, and consecrated name, are so well fitted to impress its precepts on the young heart?

It is a great error, that the study of the Bible is useless, unless it should eventuate in a conviction of its divine authorship. A faith in its wisdom, as a book of mere human origin, such a faith as its careful study will never fail to inspire, may exert on the character of the individual, a most genial influence. Under this view of its power, it is, that we recommend it to all who desire to cultivate their moral sentiments, their social feelings, and their manners. If *it* should not succeed, the case is hopeless. The deductions of moral philosophy will in vain essay to mould the heart, which has resisted the sublime and simple precepts of the Bible.

But there are higher and holier considerations to which we must now ascend. The Bible declares itself a book of reve-

lation on the duty and destiny of man. If this be a fact, its profound and diligent study must be the duty of every human being. But here steps in scepticism, and pronounces that as it does not *know* that such was its origin, it feels no obligation to study it. Now let us suppose, that when Dr. Jenner published to the world, that cow-pox was a preventive of small-pox, and would preserve the lives of the vaccinated, the profession at large had cherished the same scepticism, and refused to read his book, would they have been held guiltless? Would not the lives of the victims of small-pox have been required at their hands? Do we not carefully examine every new system of medicine, before we condemn it? Is it not according to the plainest dictates of common sense, that we should do so? What is the firm fabric of modern medicine, but the combined materials, which a critical examination of all the books which have been written for more than 2000 years, has extracted from so many masses of error, and perpetuated to the present time? Why then apply a different rule to the Bible? Why condemn it without examination? Manifestly because it professes to contain a revelation. Now we would ask the sceptic, whether he who made man, *could* not send him a revelation? Where is the warrant for denying that he might? Is it unreasonable? Reason certainly declares that *if* man were made, it would be a less exertion of power, to reveal to him certain maxims of duty towards his fellow man and his Creator. If a revelation, then, be possible, and the conclusion seems inevitable, it could not become known to the world, unless it received attention—were read and the evidences of its reality examined. But this is precisely what the majority of our profession have not done. Their infidelity is most unphilosophical, because they have concluded without examination: in violation of critical justice, for they have condemned without a hearing. If their disbelief should be correct, in the absolute, it is not *logically* correct, because not the result of a careful and candid investigation. To such an investigation we would call them. As

scholars and philosophers, they should be ashamed of its omission; ashamed that they have concluded before they have collected and compared the testimony, absolutely necessary to a correct decision; before they have subjected all the facts, to the test of that logic on which they rely for the establishment of professional truth. When they have done this, should they not acquire a Christian faith, they will at least substitute a philosophical infidelity for the scepticism of ignorance. Into that cheerless region we should not have occasion to follow many of them, for its inhabitants are few, indeed, compared with those who wander in the benighted land of ignorance and doubt. We have seldom met with a single physician, who had earned citizenship in that frozen zone; while the number of the latter, although reduced from what it once was, is still sufficient to show, that multitudes repudiate the Bible, without having studied its doctrines or the evidences of its heavenly origin. It is to such, that we address this argument, and commend the discourses now before us.

That of Dr. Logan was delivered in a society composed of many popular, and some distinguished physicians of New Orleans. It is as creditable to their moral taste, that they should have ordered its publication, as it is to the fearless piety of the author, that he should have stood forth as the champion of the Bible, in a city where so many are *supposed* to neglect its study—so few to govern themselves by its divine precepts; where a code of honor is substituted for that of religion, and a *fighting* gentleman aspires to higher social rank than a ***Christian*** gentleman. That we may not be charged with exaggeration on this point, we present the testimony of our author. After announcing the subject of his address, he adds—

"I am especially urged to this theme at such a time and place, from the lamentable fact, that notwithstanding there are many practitioners in our country eminent for talents, illustrious for learning, and distinguished for skill, yet, I have reason to apprehend, too many are numbered among our

ranks, who, by their reckless disregard and defiance of morals and religion, are ruining our influence, and bringing discredit upon the whole profession. Alas! how many are there, even in this city of chivalry and high-toned honor, who have no higher ideas of the dignity and responsibility of their vocation, than that it is a mere trade, a scuffle to gain popularity and business, and to pocket the dollars and cents!"

Our author proceeds to speak of the physical and spiritual nature of man, and justly insists that he who is ignorant of the latter, must necessarily be unqualified to combat many of the ills which beset the former. By a parity of reasoning, he would require in the priest a knowledge of the corporeal system. Indeed, in another part of his discourse, he intimates, that some advantages would attend the union of the two offices in the same individual; but in this suggestion we understand him to mean nothing more, than that medicine and theology have a natural and inseparable connection. On this point we shall quote his own just and impressive language:

"But let me be fairly understood on this point. Far, very far, am I from claiming for our science with ancient theosophy, a derivation from direct inspiration, nor with a sacrilegious ambition do I dare aspire to co-ordinate powers with the Christian evangelist. No. The period has rolled away into the dark distance of ages, when the then called 'divine art' of medicine was the appanage of a superstitious religion—when cooped up in catagories, it was doled out in eleemosynary morcels, by a corrupt priesthood, and when it was allied to the wildest metaphysics. No! Thank heaven! our art long since escaped from the dungeons of superstition—separated from the jargon of the schools—and now delivered from the chains of authority, by that true method of philosophising, which the genius of Bacon established; begins to feel the fecundating influence of the inductive logic. A just philosophy has shown, that man is no longer an isolated, but a related being; and in his dependencies and connections with other beings, and with the great system of nature, his affinities have been traced. And although he is the most complete and perfect type of organization, proceeding from the hand of the Creator, 'the very paragon of animals,' yet he must be studied by the same methods of investigation, as the other

objects, even inanimate bodies of the universe. But there are other relations, also, in which the nature of man must be studied. He has a spiritual, as well as an animal existence. His frail and vulnerable body indicates his human nature, while his aspiring mind bears an immortal impress; and such is the wonderful sympathy that exists between these elements of being—this dual life, and so intimate is the vital connection, as we have before said, existing between them, that it is almost impossible to study the laws of the one, without becoming acquainted with the operations of the other. It is in this view of man's compound existence—this union of spirit and matter; the one, capable of immortality—of ever-living, ever blooming virtue; the other, heir of a life so brief, that its ephemeral period has been beautifully compared, by a fair writer,* to things most evanescent and mutable in nature: 'a vapor floating in the summer's sky—a little flower blooming in the morning, and in the evening withered and faded away—a dew-drop sparkling on a trembling leaf;'—it is in this view that the functions of the priest and the physician become blended—that their offices and duties become subsidiary to each other—that a oneness obtains between them. For, surely, if it falls to the province of our science to extend its salutary aid, 'to chase the ignorant fumes that mantle clearer reason,' it becomes the conscientious duty of the physician, not only to investigate all the mental phenomena and analyze their operations, but also to resort to the synthesis of all knowledge, psychical or physical, which may teach him to apply the proper therapeucy. And if he adopt the metaphysics and ethics of the Bible, which is universally acknowledged to be the simplest, clearest, and most luminous of all treatises on the philosophy, the government and destinies of man, how admirably would he approximate that sublimest ideal of human perfectibility—higher than which, human imagination never yet has soared—revealed in Him, who, while on earth, went about curing all manner of diseases, as well of mind as of body."

Our limits forbid additional extracts. In taking leave of our author, we cannot do less than ardently wish him success, in his efforts to awaken among his brethren a livelier sense of

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* Margaret Mercer, authoress of Popular Lectures on Ethics, &c. Petersburg, 1841.

the importance of moral and religious cultivation. To his concluding sentence we give a heartfelt response. "Let us," says he, "in the vivid remembrance of our transitory existence, and in the practical application of those principles and precepts we have just been discussing, banish the rivalries of self love and of interest in controverted points, and never forget that we are in the presence of one who is the Arbiter of all truth—the Source of all light—the great Moral Physician of a disordered world!"

We turn from the commercial capital of the Southwest, to the medical metropolis of the East. Mr. Boardman's Sermon was delivered to the united classes of the University of Pennsylvania and the Jefferson Medical College, and published at their request. We are pleased to see at the head of each committee, the name of one of the most distinguished professors of its school.* We are also gratified at finding institutions long and violently opposed to each other, at last concurring in a work of peace and piety. May they continue in this labor of love, and may their example be extensively imitated, until every school in the Union shall come to regard the religious instruction of its pupils as worthy of countenance. The most effective discipline of young men is the religious. Its fruits are industry, temperance, order, peace. It stands directly opposed to the prevalent vices of students, assembled in our cities from all parts of the country. It arrays itself against broils, duels, and the love of dissipated pleasures. It contributes to secure to every student, the full amount of his time and money, while it guaranties that tranquillity of mind, that exemption from the perturbations of appetite and passion, which is indispensable to calm and successful investigation.

But Mr. Boardman does not limit himself to transient benefits of this kind. He boldly affirms the duty of religious cultivation, not only for students but physicians—not merely for time but eternity. He reminds his hearers of their ruined

* Dr. N. Chapman and Dr. J. K. Mitchell.

moral condition, and calls upon them to drink at the only fountain of spiritual health and immortality—the *Bible.* He charges on them a neglect of that divine book, and refers, pointedly, to the prevalence of infidelity in the medical profession; which, however, he admits was greater in past times than at present. He then proceeds to enumerate the causes of this infidelity, and wishing to present our readers with a specimen of his sermon, we shall extract the portion which contains his views on this branch of his discourse:

"It has, however, been admitted, that there are facts in the earlier annals of the science, which *seem* to countenance the charge under consideration, that medical studies involve a lurking tendency to infidelity. I use the expression 'seem,' because in so far as the science itself is concerned, the imputation *must* be groundless. The principles of every science were established by the Divine Author of Christianity, and cannot, therefore, conflict with any of its doctrines or requirements. The legitimate tendency of all scientific investigations, is to lead the mind up to the Great First Cause, and to predispose it to bow to His mandates, whenever and howsoever they may be communicated. But that these studies are often perverted from their appropriate end, no one can deny. And this has perhaps happened as frequently in medicine as in any other science. Various reasons have been assigned for this fact.

"1. There is the absorbing nature of the demands the profession makes upon the time and attention of its votaries, who are thereby deprived (as they suppose) of the opportunity for examining the subject of religion, and indeed rendered averse to it.

"2. Successful scientific researches are apt, unless regulated by religious considerations, to inspire men with inflated views of the sufficiency of human reason on *all* subjects; and thus, from questioning the necessity, they may easily come to deny the fact of a Divine revelation.

"3. The habit of reasoning from induction and analogy which belongs to every scientific physician, may unfit them, in a measure, for examining with impartiality the argument from miracles which constitutes so material a portion of the external evidences of Christianity.*

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* See Gisborne on Men, vol. ii., 194.

"4. I say it with regret, but nothing has impressed my own mind more unpleasantly, in the little attention I have given to medical works, than the want of a distinct recognition of the Creator's power and agency, on occasions when it would not only be natural for the writer to refer to the Deity, but even when the idea was evidently in his own mind, and could not be suppressed without an effort. 'The student of medicine,' says an ingenious writer, 'is often called on to bring his gift and deposit it, like the Athenian, on the altar of an 'unknown god.' A cloudy image, entitled 'nature,' is raised in the mind, to which high attributes of power, wisdom, and goodness, are often ascribed.'* He might have added that the tendency of this habit, if persisted in, must be, in minds peculiarly constituted, to create a vague impression which may ultimately grow into a conviction, that this obscure divinity, 'nature,' is really the only Deity.

"5. Physicians are conversant with those scenes of suffering which, above any others, appeal to our sympathies. These scenes do not necessarily blunt their humane feelings, but they can hardly fail of producing a decisive effect, for good or evil, upon their moral sensibilities. It may be worthy of consideration, whether familiarity with such spectacles has not sometimes assisted in fortifying them against the requisitions of Christianity, and even hastening them into infidelity.

"6. The exposure of young men, while in training for the profession, to the temptations of large cities, and the consequent formation of dissolute habits, has, no doubt, been a hotbed of skepticism.

"7. The neglect of divine worship on the Sabbath, and of the other means of grace, has, it is to be feared, contributed in no small degree to foster infidelity among physicians. I shall enter into no argument on this point. It will probably be conceded, on all hands, that physicians frequently absent themselves from the sanctuay when no call of necessity or mercy pleads for it; that the occasional neglect of the house of God easily glides into a habit; and that this habit tends, by a natural process, to impair all suitable sense of religion, and to generate infidelity.

"Such are some of the grounds on which the prevalence of skepticism among medical men has been explained. They show that however guiltless the science itself may be of the

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* "Is Medical Science favorable to Skepticism?" An essay, by James W. Dale, M. D.

infidel tendency ascribed to it, there is real danger in the path of the physician. They certainly furnish a strong argument in favor of an early and persevering attention to the claims of religion, on the part of the profession. This would not only secure them from the ruinous illusions of infidelity, but furnish a triumphant vindication of their art from the stigma which has been unjustly affixed to it."

While we concur with our reverend author in these causes, we are constrained to express the belief, that ignorance of the Bible is a greater cause of skepticism than the whole; for its diligent study would, in fact, obviate several of them; and without such study, a faith in its divine authorship is not likely to be established, in minds accustomed to read and think.

The remainder of his interesting sermon is composed chiefly of an inquiry into the irritations, anxieties and troubles of medical men, which religion would either palliate or remove; into the increased usefulness to the world, of him who adds piety to science; and of solemn exhortations to personal religion, as a preparation for death. May they animate all who heard them, "to do justice, love mercy, and walk humbly with God."

In conclusion, we cannot refrain from asking—what would be the character of the profession, if all its members lived under this divine law of justice and mercy to all around them—of reverence and humility before their Heavenly Father? Bright and beautiful, indeed, would it then appear to all the world! Beloved, honored, gratefully remembered by man—approved by God himself. Cold-blooded derelictions of duty to the sick would then be replaced by early, anxious, and faithful attention—candor would supplant concealment and deception—courtesy and kind words, warm from the heart, would solace, sustain, and cheer the afflicted. Physicians would then confide in each other, where they now watch with jealousy. Unavoidable collisions would be amicably adjusted, and each would act towards every other as he would be dealt with by them. The medical man would not, then, heartlessly withdraw when the man of God was about

to offer up the prayer of faith and hope, over the expiring sinner; but, uniting in the last sad and solemn duty which humanity can perform, would, by his very presence, mitigate the pangs which his skill could not avert, and fill the soul of the dying man with emotions of gratitude.

D.

ART. VI.—*The Cyclopædia of Practical Medicine.* Edited by JOHN FORBES, M.D., F.R.S., ALEXANDER TWEEDIE, M.D., F.R.S., and JOHN CONOLLY, M.D. Revised, with additions, by ROBLEY DUNGLISON, M.D. Philadelphia. Lea & Blanchard. 1844.

Since our December number was issued we have received parts XVI., XVII., XVIII., and XIX., of this elaborate work, which is progressing with perfect regularity towards its completion.

At a season when pneumonia is one of our prevailing diseases, the following extract from the Cyclopædia will be read with interest:

"*Application of the Treatment.*—We have only to point out here the manner in which the several remedies which we have described may be combined in the treatment of individual cases. Where the case is at all severe, the treatment with tartar-emetic, or with calomel and opium, should be commenced immediately after the first bleeding, and continued uninterruptedly until an impression shall have been produced on the disease. It is not safe, however, with either of these remedies to lay aside blood-letting; if sensible relief does not ensue in the course of five or six hours after the first full bleeding, this measure must be repeated as before recommended. In the most acute and inflammatory cases, uncomplicated with gastric disease, we have sometimes combined the mercurial with the antimonial treatment, by giving a pill containing from six to ten grains of calomel, with from half a grain to a grain and a half of opium every four or six hours, and the tartar-emetic draught before prescribed, in the middle of that interval; and where the tolerance is established soon, the effect of this treatment is very powerful. If the bowels are too much acted on, the hydrargyrum cum cretâ in double

quantity may be substituted for the calomel. When an amelioration takes place in the symptoms, the mercury may be omitted, and the case left to the tartar-emetic, and whatever depletion or counter-irritation may be required. If the attack of pneumonia is very recent, and accompanied with a sharp stitch in the side, or catch in the breathing, a full dose of opium immediately after a large bleeding, as recommended by Dr. Armstrong, will sometimes be found sufficient to cut short the disease. This plan can only be adopted where the bleeding has been so copious as to produce a great and real impression on the heart's action, almost, if not quite, amounting to syncope. The dose of opium should be large; three or four grains of the aqueous extract, or if the pain and tendency to reaction are urgent, from 30 to 60 minims of the liquor opii sed., are the preparations to which we give the preference. Even in this case we think it advisable to give from six to twelve grains of calomel, or from ten to twenty grains of blue pill, with, or soon after, the opium; the mercury does not interfere with the sedative operation of the latter, and by preserving the balance of the secretions, it prevents those functional derangements which sometimes follow the use of opium even in this way. If the disease has in any degree passed into the second stage, and even if the first has lasted more than twenty-four hours, there can be little hope of stifling it with opium, and we must then resort to the alterative powers of tartar-emetic or mercury, with whatever blood-letting the case may bear. Blisters can seldom with advantage be resorted to, until all fulness and hardness of the pulse and heat of skin have subsided; and either of these symptoms, or even the continuance of a fixed pain, would counter-indicate the use of the decoction of senega, or any of the mild tonics which prove useful in the decline of the inflammation.

"If, from the copious expectoration of pus and the physical signs of a cavity in the lungs, it is probable that an abscess has been formed, it may be necessary to support the strength by a stronger tonic, as the sulphate of quinine or bark with a mineral acid; but the expediency of this must depend on a complete predominance of the symptoms of weakness over those of inflammation. In case of gangrene, some of the medicines of a supposed antiseptic power may be given. Drs. Graves and Stokes, in a case of this kind, gave the chloride of lime in the dose of three grains with one of opium three times a day, with the effect of removing the fetor from the expectoration, and for a time improving the symptoms.

We have seen the same medicine in solution apparently produce the same result; but we cannot expect much from the operation of such agents. The principal object in case of gangrene is to support the general strength, and counteract the noxious influence of the dead matter, until it can be thrown off from the system."

ART. VII.—*Lectures on the Theory and Practice of Physic.* By JOHN BELL, M.D., Fellow of the College of Physicians of Philadelphia; Corresponding Secretary of the Philadelphia Medical College; Member of the American Philosophical Society, and of the Georgofili Society of Florence, etc., etc.; and by WILLIAM STOKES, M.D., Lecturer at the Medical School, Park Street, Dublin; Physician to the Meath Hospital, etc., etc. Third edition, enlarged and improved. In two volumes. Philadelphia. Ed. Barrington & Geo. D. Haswell. 1845. 8vo. p.p. 1518.

Reserving for our next number a more extended notice of these valuable Lectures, we take great pleasure in thus early introducing this new edition to our readers. The joint labors of Dr. Bell and Dr. Stokes have been eminently successful. Few medical works issued from the American press, within the same period, have had more currency, or been more highly approved by the profession. This edition of the Lectures is marked by substantial improvements, which will enhance the value of the work to the practitioner. Dr. Bell is just the man to keep his book up to the present state of medical science, and his readers have the comfortable assurance that they have before them all the light of recent discovery. Mr. James Maxwell has just received this work.

Y.

SELECTIONS

FROM

AMERICAN AND FOREIGN JOURNALS.

Lithotomy.—From an interesting paper on the *Bilateral* Operation of Lithotomy, in the American Journal of the Medical Sciences, (for October,) by Professor Warren, we make the following extracts:

Urinary Calculi rare in Boston.—The operation of lithotomy is so rare in this place, that it would demand a longer period than the life of one practitioner to settle the question, in this part of the country, as to the best mode of operating. In the course of forty years, I have been called on to perform all the operations of lithotomy which have been done, during that period, in the city of Boston. The whole number has not exceeded twenty-five, inclusive of lithotrity cases, in a population which, during the period mentioned, has increased from about 26,000 to more than 100,000. Of the twenty-five persons thus operated on, not more than three were natives of Boston or its vicinity; the others came from the remote parts of Massachusetts, from New Hampshire, from a calcareous district in Maine, and from Nova Scotia. Perhaps it may be proper to add, that, of the cases I have operated on, two have died; one of these was a case of very unfavorable nature, the patient being of gross constitution, bad health, and having a very large stone adherent to the anterior part of the bladder; he died of suppuration in the pelvis. The other was the case of a patient who was doing perfectly well, but, on the fifth day from the operation, he indulged himself in eating heartily; he died of general peritonitis.

The bilateral operation, which Dupuytren considered more eligible than the lateral, in the estimation of Professor Warren, has the following advantages:

First, that the parts cut are more simple in structure than those concerned in the lateral operation; the nerves and the blood-vessels are necessarily smaller as they approach the median line.

Secondly, the pain and hemorrhage are, consequently, less than in the lateral operation.

Thirdly, the access to the membranous part of the urethra, and to the bladder is more direct.

Fourthly, the prostate gland being more completely exposed, may be divided with more precision.

Fifthly, the opening into the bladder may be double the size of that made in the lateral operation, without increasing the danger of cutting the vesical plexus of veins, the prostatic fascia, or the internal pudic artery.

Sixthly, the danger of subsequent inflammation is decidedly less.

The principal objection to this operation is the risk of wounding the rectum. This is certainly very considerable; but by drawing the staff with the urethra and prostate gland, towards the symphysis pubis, and with the finger of the left hand upon or in the rectum, drawing that intestine in the direction of the os sacrum, this danger will be found less, perhaps, than in the lateral operation. It may be objected, that in the present case, the wound was longer in healing than it frequently is after the lateral operation. The reason of this, however, is to be found, not in the form and direction of the wound, or in the parts implicated, but in the morbid state of these parts, and general condition of the patient, previous to the operation.

Decomposition of Tinct. Opii by Ammonia.—It is of great importance for prescribers to remember that the addition of ammonia, either as carbonate or spiritus ammon. aromaticus, to mixtures containing tincture of opium or any salt of morphia, will, after some time, say twenty-four hours, precipitate the morphia in a crystalline form; so that if a mixture is made a day or two before it is taken, the patient may get several doses of morphia concentrated in the last portion left

in the bottle, and fatal consequences may be produced. The presence of alcohol will prevent the precipitation.

Chemical Gazette.

Scarification of the Gums—Reasons for it.—Dr. Marshall Hall says that there is no practical fact, of the truth and value of which he is more satisfied than that of the effect and efficacy of scarification of the gums in infants, and not in infants only, but in children. "The process of teething," he observes, "is one of augmented arterial action and of vascular action generally; but it is also one of augmented nervous action; for formation, like nutrition, secretion, &c., generally, is always one of nervi-vascular action, and of this the case in question is, from its peculiar rapidity, one of the most energetic. Like other physiological processes, it is apt to become, from that very character of energy, pathological, or of morbid activity. It is obviously, then, attended with extreme suffering to the little patient; the brain is irritable, and the child is restless and cross; the gums are tumid and heated; there is fever, an affection of the general vascular system, and there are, too frequently, convulsions of various degrees and kinds, manifested in the muscles which move the eyeball, the thumb and finger, the toes; the larynx, the parietes of the respiratory cavities; and the limbs and frame in general, affections of the excito-motor part of the nervous system, and of the secretions of the liver, kidneys, and intestines, affections of the ganglionic division of that system.

"What is the precise cause and source of these formidable effects? Can the mere tension and irritation of the gum situated over the more prominent part of the teeth be the cause of such extensive morbid actions? I think not. The real source of these phenomena is in the entire dental system, in which actions of unusual energy and extent are going on—sub-inflammatory they might be called, were they not, in reality, of an essentially different nature and origin. This undue action takes place in the fangs and sockets of the teeth in their whole extent, with their connections, vascular, nervous, and membranous. But *the* focus from which the *nervous* actions emanate is, I believe, not as is generally imagined, the nerves of the mere *gums* seated over the prominent parts of the teeth, but the nerves which may be emphatically termed *the nerves of the teeth themselves*, the nerves which enter into the very fangs and substance of the teeth.

"*It is to the base of the gums, not to their apex merely, that the scarification should be applied.* The most marked case in which I have observed the instant good effect of scarification was one in which *all the teeth had pierced the gums!*

"This view of the subject may assist in removing the futile objections of some who have, without due consideration I am convinced, opposed my plan of frequent, often daily, scarification of the gums, to whom I would say, as my sole reply: Better scarify the gums *unnecessarily* one hundred times than allow the accession of one fit or convulsion from the neglect of this operation, which is equally important in its results and trifling in its character.

"And it is not merely the prominent and tense gum over the edges of the teeth which should be divided; the gums, or rather the blood-vessels, immediately over the very *nerves of the teeth*, should be scarified and divided, as you would divide the vessels of the conjunctiva in inflammation of that membrane.

"Now, whilst there is fever or restlessness, or tendency to spasm or convulsion, this *local blood-letting* should be repeated daily, and in urgent cases even twice a day. I would here repeat my maxim: Better do this one hundred times unnecessarily than have one single fit from the neglect of so trifling an operation. A skilful person does it in a minute, and in a minute often prevents a most serious attack—an attack which may cripple the mind or limbs, or even take the life of our little patient, if frequently repeated. There is, in fact, no comparison between the means and the end, the one so trifling, the other so momentous."

London Lancet, May 18, 1844.

Caution in giving Albumen as an Antidote.—Practitioners in employing albumen as an antidote to corrosive sublimate, should be aware that it may be given in too great quantity, as the compound formed is soluble in an excess of albumen, and in the deleterious combination which enters the blood, producing the remote influence of the poison. So long as the vomited matters contain a white opaque material admixed, the antidote should not be withheld; when the *ejecta*, on the contrary, become transparent, the further employment of the remedy is generally useless, and may be injurious.

Dub. Med. Jour.

Alcoholic Odor of the Fluid in the Ventricles of the Brain. Dr. Bradley, of Illinois, was summoned before a coroner's inquest, held on the body of Samuel Page, as a medical witness. The deceased was found about two miles from the village, in his wagon, with his feet hanging over the foreboard, his body resting upon a bag of grain, and his head upon the bottom of the wagon. He was totally insensible, and his breathing stertorous and difficult. He was taken to a neighboring dwelling, where he died in about ten minutes. He had been drinking very freely for several days previous, but was not an habitual drunkard. He had left a grocery store a short time previous to being found, partially intoxicated, without mittens or any other "extra over-clothes," though the weather was somewhat below the freezing point.

On dissection, six hours after death, dark fluid blood poured forth from the sinuses of the brain, to the amount of eight or ten ounces. The brain exhibited excessive vascular turgescence; in the corpora striata, a small amount of sanguineous extravasation was detected, and in the lateral ventricles some serous effusion. Verdict, "death from apoplexy caused by intemperance."

The effused fluid found in the ventricles yielded strongly the alcoholic odor. This was so apparent, that it was readily recognised by every member of the jury.

Ill. Med. and Surg. Jour.

Malpractice.—The London Lancet, of the 24th of August, contains an account of the following most extraordinary instance of malpractice, resulting in the death of its subject:

The name of the unfortunate patient was Mary Dent, wife of John Dent, of Littleport, in the Isle of Ely, laborer; she was twenty-three years of age, of good health, and robust appearance; she had borne five children, and had miscarried once; she was married at a very early age, and became a mother when between sixteen and seventeen years old.

On the 22d day of May last, Mary Dent complained of feeling very unwell; she felt great pain, and vomited occasionally, and being apprehensive of miscarriage, sent off, about 11 o'clock at night, for Mr. John Garland, a person of middle age, who has practised as a surgeon and accoucheur, at Littleport, ever since 1816.

It appears that on the day in question the patient had occa-

sion to lift or drag a sack of flour, containing fourteen stone; it also appears that, according to her own account, she was at this time about three months advanced in pregnancy, having menstruated for the last time on the 14th of February.

Upon his arrival, Mr. Garland proceeded to examine the patient, by passing his hand and arm into the vagina, intending, as he himself expressed it, to "bring the child." He shortly afterwards made a second examination, whereupon the patient entreated of him to desist, "for he was pulling her entrails out;" and presently Ann Banyard, the nurse, saw hanging out in the bed "a large quantity of entrails, as many as could lie on a large plate." (I quote her own words as taken down by the coroner.)

When matters had arrived at this crisis, Mr. Garland appeared most anxious for further advice and assistance, and at his urgent request, a messenger was despatched to Ely, who returned, bringing with him Mr. Jones, of Ely, surgeon.

Upon turning down the bed-clothes, Mr. Jones discovered in the bed a something, which he at first mistook for the umbilical cord, but a more careful examination convinced him that the protruding mass was small intestine, depending from the vagina. Upon a minute inspection, he ascertained that the intestine was completely detached from the mesentery throughout its whole length, and that it was extensively lacerated; the distal portion being torn completely across, that is, its whole diameter being completely divided, whilst the proximal portion was lacerated, so as to be very nearly divided. Under these unfortunate and perplexing circumstances Mr. Jones was of opinion that any attempt to save the intestine would prove useless, he therefore passed a ligature around the intestine, above the proximal laceration, and close to the vagina, and cut off all the intestine below the ligature; the intestine, so cut off, measured nineteen feet six inches. Mr. Jones then took his departure, stating his belief that the patient could not survive many hours.

All this occurred between 4 and 7 o'clock, on the morning of the 23d of May. Shortly after the departure of Messrs. Jones and Garland, the fœtus was found in the bed; it appeared a fœtus of about three months. About twelve hours after the application of the ligature, the bowel above the ligature became very much distended, and ultimately burst. Subsequently the nurse, Ann Banyard, removed about half a yard more of intestine, without any medical man being present; she cut it off, and she did so "because it became very black and was very offensive."

The poor woman lingered seventeen days, and expired suddenly and at once, whilst attempting to raise herself up in bed, on the 8th day of June. During this period she did not suffer so acutely as might have been imagined; for three or four days the stomach rejected every thing, but latterly it became much less irritable; her skin was cool, her pulse rarely above eighty, her countenance natural, and she complained of no pain, neither was there any appearance of hæmorrhage. She took a little simple sesqui-carbonate of soda as medicine, and weak gruel or chicken-broth as diet.

I was instructed to make a *post mortem* examination, about forty-eight hours after death. The following is the record of the examination:

A very marked flatness and depression was observable between the two ilia; over the whole abdomen the bodies of the vertebræ could be more distinctly felt than naturally they should be; the external parts of generation and the perinæum were very much excoriated. There was nothing else worthy of note about the trunk.

Upon opening the abdomen, the liver was ascertained to be healthy, as also the stomach. The omentum was offensive, black, gangrenous, and adherent to the arch of the colon and to the small intestines generally; this adhesion was more marked from the symphysis-pubis to the right than to the left iliac region.

The colon appeared shrunken and contracted, and was so adherent to the omentum throughout the extent of the ascending and transverse portions, that the omentum and colon might be turned back together; the whole of the ascending portion of the colon was in a state of complete gangrene; over the region of the cæcum a small and circumscribed collection of matter was found, and it appeared as if, in this situation, the small intestines had been separated from the large; the descending portion of the colon and the rectum were not in so diseased a condition.

About *two yards* only of small intestines remained in the abdomen, these, towards the lower portion, were very gangrenous, and upon tracing them downwards it was discovered that they were very adherent in the right iliac region, and that in this situation they dipped downwards and inwards to the right of the uterus, and became attached, by their lower margin, to the borders of an opening found in the right side of the vagina; the small intestines appeared to terminate in the vagina, for they could not be traced onwards to the large.

The mesentery was gangrenous, and had been torn in two or three places.

In the vagina was found, in the upper part and on the right side, a laceration sufficiently large to admit two or three of my fingers; this laceration was found to communicate with, and to lead into, the above-mentioned depending portion of small intestine, so that the fingers could readily be passed from the vagina into the small intestine; the vagina on the left side was healthy and unruptured.

The uterus was normal in size and appearance, and what perhaps is rather singular, did not exhibit any traces of recent impregnation.

The bladder was healthy, so were the lungs, and so was the heart.

The jury found Mr. Garland *guilty*, and he was sentenced to one month's imprisonment.

On the Possibility of Supporting Life on a Vegetable Diet.

To the Editor of the Lancet:

Sir: In the *Times* newspaper, of the 4th inst., you are reported to have said, "that you had found, to your surprise, that for the first fortnight of an untried prisoner's incarceration he was subjected to the lowest possible diet, being denied, in fact, all animal food for the first fourteen days of his confinement;" you obviously would represent this restriction from animal food as a most inhuman and injurious treatment.

I apprehend it to be impossible for you not to know that the experience of all ages has proved that the healthy man can be perfectly nourished without using a particle of animal food. I will fearlessly assert, from long experience, that vegetable food is much more salubrious than mixed diet in common use, in which, however, animal matter commonly enters in the smallest proportion. Numerous instances may be cited of persons who have lived for years in very good health without animal food; but I will here content myself with very shortly informing you of my personal experience in this matter.

In the year 1804 (in January) I resolved to confine myself to a strict vegetable diet; I was induced to this by severe bodily suffering. In this course I have persevered, without deviation, to the present time, now more than thirty-eight years, and by its means have now advanced in my eightieth year. The diet has been aided by other measures, which I need not enter into. I have brought up a large family on the same plan with perfect success. My eldest son, who was in childhood very delicate, with an obvious consumptive ten-

dency, has used the same regimen for an equal length of time, and is in perfect health; and I could cite numerous instances of its beneficial effects in various individuals.

I am no advocate for starvation, and opposed, certainly, to a mere bread-and-water diet. Indeed, I cannot approve of any fixed dietary, it being abhorrent to nature, which delights in variety; the vegetable kingdom affords variety sufficient to satisfy any healthy appetite.

I have addressed to you these facts, as in the station you hold as a member of Parliament what falls from you on medical subjects may have considerable influence either for good or for evil, and I shall be sorry to see talents of no mean order employed to fortify vulgar prejudices, or to disseminate erroneous opinions. I am, sir, your obedient servant,

WM. LAMBE, M.D.

Bromptly, June 6, 1844.

Hygienic Condition of Towns.—Over-Labor and Late Hours of Business.—It has long been a fact well known to the profession that towns are peculiarly inimical to the prolongation of life; that a very much smaller proportion of their inhabitants reach ripe old age than of those whose lives are spent in agricultural districts. Until within the last few years, however, this generally-acknowledged *truth* had not become an undeniable fact, susceptible of being palpably demonstrated by figures. Thanks to the elaborate statistical investigation which are being carried on in every part of England, we are now able to ascertain with the greatest precision, not only the comparative salubrity of town and country, but also the different salubrity of towns compared with each other. Thus, in the last report of the registrar-general of births, deaths, and marriages, in England, we find a comparative tabular view of the mortality at different ages in the county of Surrey, and in the towns of Liverpool and London. Taking, at the moment of birth, a generation of one hundred thousand, it appears that in Surrey fifty thousand (half) would reach the age of fifty; twenty thousand the age of seventy-five; and ten thousand the age of eighty. In London, forty thousand would reach the age of fifty; ten thousand the age of seventy-five; and five thousand the age of eighty. In Liverpool, twenty-five thousand, only, would reach the age of fifty; five thousand, only, the age of seventy-five; and one thousand five hundred the age of eighty.

The immense disparity in the duration of life in these different localities is no subject of surprise to the well informed medical hygienist. In it he sees the operation of known causes, which the ignorance of mankind has accumulated, and which it is his duty to point out. Among those causes, there is one which, no doubt, exercises the most pernicious influence over the health and longevity of the denizens of towns, and which has, of late, excited the attention of the public to a great extent, viz., over-labor, and lengthened in-door confinement.

For many years the sympathies of the public generally have been justly given to the unfortunate females and children whose bodily strength is tasked to such an inhuman extent in the factories of our large commercial districts, and we are now pleased to find that philanthropists are becoming alive to the important fact that it is not only the factory laborers whose health and strength requires protection. There are many other classes of society to whom it is equally necessary. Indeed, this feeling is so rapidly gaining ground that we are on the eve of important changes in the social organization of labor, wherever large masses of people are congregated. True it is that Lord Ashley's amendment with respect to factory labor, which may be said to have embodied this feeling in our legislature, has been definitely rejected by an overwhelming majority; in that rejection, however, we do not see the overthrow of a principle, but merely the irresistible sway of economical and political considerations. Under the influence of the first charitable impulse, the House of Commons decided that protection should be given to the young, and thus spontaneously acknowledged the sacred rights of humanity; but the sacrifice was too great, too momentous, to be permanent. Although ourselves convinced of the *absolute necessity* of protecting children and women in their struggle with machinery and commercial rivalry, and inclined to believe that the pecuniary loss to themselves and their employers has been greatly exaggerated, yet we admit the possibility of the change being attended, as most changes are, with immediate painful consequences to all parties.

We have, however, greater confidence than our opponents, most of whom we believe to be conscientious in the defence of their opinions, in the elasticity of the laws regulating labor. We cannot bring ourselves to believe that an hour or two additional taken from the daily work of the children and women of our factory districts would entail destruction on our foreign and domestic commerce. Moreover, it must be evi-

dent to any one that if, as the manufacturers assert, their profits depend on the eleventh and twelfth hours of child labor, their position would be the same were they to reduce wages a sixth and take on the additional hands. Now, miserably small as are the wages at present, inadequate, as the remuneration undoubtedly is, for the labor performed, yet we had rather see the pay still further reduced than allow women and children to be worked from 6 o'clock in the morning until 8 in the evening, including meals. As physiologists and practitioners, we cannot be blind to the fact that such labor is calculated to sap the very sources of life, and to lay the foundation for the cachectic diseases which, in reality, do carry off the successive generations of factory laborers, as is evident from the statistics we have alluded to. There is, also, another important feature in the case, which must not be lost sight of, which is, that the operation of machinery has displaced the operation of the laws of nature. It is the father of the family who ought to provide for his wife and children, and not the wife and children who ought to provide for the father, as is now the case. When the working of society produces such anomalies as these, it is the duty of the legislature to interfere, and to save, even at the expense of enormous sacrifices to the country at large, women and children from being ground to the earth by over-labor, to prevent the population of manufacturing towns from being poisoned at its very source. Such interference is merely giving to the weak and the young the protection which humanity renders it imperative on the legislators of every country to afford; it is not, properly speaking, interfering with the laws of labor. The government of a nation has, however, in our opinion, a *right* to interfere, even with the labor of adult men, on hygienic national grounds.

The ten-hours' factory bill will, no doubt, be again brought in the House, perhaps under more favorable circumstances, and we feel convinced that before many years have elapsed it will be the law of the land. Before, however, we dismiss the subject for the present, we must remind our medical brethren that they are, to a certain extent, the guardians of the public health—that on all general sanatory questions their opinion has great weight—that it is, consequently, their duty to prepare for future debates by collecting as much evidence as they can possibly bring to bear on the subject. In the meetings which have taken place in the manufacturing towns of the north of England in favor of the ten-hour clause, we have observed among those who have taken an active part in the

proceedings many medical practitioners of weight and standing, whose statements have every where been received with respect and attention. Their example must not be lost to the profession, which we know will continue to show itself, as in all other great social questions, the true friend of the suffering and afflicted.

In the meantime there are others among the denizens of towns scarcely less afflicted than the factory artisans, and whose sufferings are beginning to attract public attention. Few of these are more deserving of commiseration than the young men and women who are employed in the shops of the metropolis, and of large towns generally. Obliged to rise early in order to prepare for the business of the day, they remain on their feet until late in the evening, without a respite. Their meals, even, are hurriedly despatched in the course of a few minutes, in order that they may not interfere with the claims of business. An important section of the metropolitan tradespeople—the drapers—have, we are pleased to see, taken up the subject with great spirit. Last year they offered a prize of twenty guineas for the best essay on "the evils of the present protracted hours of trade generally." This prize has been awarded to Mr. Thomas Davies, himself one of the sufferers, for a very able and elaborate essay on the subject. The essay of Mr. Davies reflects great credit on his instruction and abilities, and gives a vivid picture of the pernicious effects, both as to health, morals, and mental cultivation, of the discipline to which he and his associates have to submit in linen-drapers' shops. The day is consumed in the incessant repetition of services which, though slight, becomes trying to the strength, from their continuance. The assistant is not allowed to sit down, because it would be unbusiness-like, and when at last, at 9 or 10 o'clock, the shop closes to the public, he has still one, two, or three hours' work to perform, in order to fold and replace the various articles that have been disarranged during the day.

The result of this close confinement during the day and evening in a heated atmosphere, and of incessant labor, continued during a period of fourteen or sixteen hours, is very destructive to health, as might be anticipated. Many youths are obliged to return to their friends within a few months of their arrival at the establishments. Many others lose their previously robust health, and either die consumptive, or become confirmed invalids. But we refer our readers to the pamphlet of Mr. Davies for ample details on this interesting subject.

The evils are not confined to the linen-drapers. They apply with equal force to all tradespeople who open early and shut late, passing their lives in their shops or their back parlors. All medical gentlemen practising in large towns are unanimous in their opinion that the resident tradespeople, and their assistants, are among the most unhealthy part of the population, and that this unhealthiness is in a great measure attributable to the confinement which their occupations entail upon them. The evil is great, no doubt, but the question which naturally presents itself to us is—can it be remedied? We think that it certainly may be, and that without entailing upon the community any of the loss which, it is believed, by so many, would follow the adoption of the ten hours' factory clause. Indeed, the good sense of the sufferers themselves has pointed out the mode of relief. In London, and in several of our large provincial towns, associations have been formed for promoting the early closing of shops. These associations have every where received the support of philanthropists of wealth and station; and we may mention, that in Liverpool it is presided over by the mayor, and patronised by most of the influential residents.

By such means a certain amount of good may be effected. The wealthier tradespeople who are alive to the injurious effects of the present system on themselves and their subordinates will, no doubt, gladly avail themselves of the sanction of the affluent and influential to close their establishments at an early hour. But there will always be many needy or avaricious persons who will keep their shops open, were it only to profit by the closure of those of their neighbors, and thus will the end in view be partly defeated.

Such being the case, why should not the legislature take the subject in hand, and render it imperative on the part of all retailers to close their shops at a certain hour, say 6 or 7, P. M.? By the same rule that all the wholesale commerce of the country is carried on in the middle of the day, so might also the retail. The banks, boards, and offices of all description, close at an early hour, why should not retail establishments? Any inconvenience which might be felt would only be temporary. The habits of the community, of the poor as well as of the rich, would soon bend to the new hours of trade. In working out such an idea for practical purposes, many points would necessarily have to be taken into consideration. It might, for instance, be found necessary to except for certain periods, or on certain days, shops kept for the sale of provisions, &c. We merely suggest the principle as one

which it would be easy to apply, and the application of which would materially improve the physical and moral condition of a very large and important class of the community. Such interference with labor as this, is not only allowable, but absolutely necessary, if we wish to make our improved knowledge of the laws which regulate health and disease conducive to the prosperity and welfare of mankind.—*Lancet.*

Dr. C. J. B. Williams on Constipation.—We now pass on to the consideration of that form of *constipation* which corresponds with indigestion. This affection is principally seated in the colon, and may be regarded as opposed to diarrhœa; it may consist in defective secretion of the canal, or defective muscular action, or both combined; and each of these, defective secretion and defective muscular action, may depend on different pathological causes. Generally speaking, defective secretion and defective muscular action go together, just as excessive secretion and excessive muscular action of the canal constitute diarrhœa. They produce torpor of the bowels, and extreme irregularity in their action.

Now, among the *causes* to which we may trace this imperfect action, we find, in the first place, the character of the food to be the main source of costiveness. For example, food of a certain nature will produce fæculent matter, but does not, by its presence, excite the biliary secretion, or the peristaltic action of the bowels. This is the character of all farinaceous food generally; more particularly of those kinds which abound in starch, as arrow-root, gluten, and rice. Rice and arrow-root we find are constipating, not from any astringent property they possess, but merely negatively so, from the want of any stimulating property. Fæculent matter, formed in large quantity, tends to lessen, rather than increase the peristaltic action; and the bowels are liable to become costive from the mechanical obstruction offered to the passage of the food. Further, the food may be astringent, by having the effect of arresting the secretions of the canal, or else by its acrid and irritating quality, causing spasmodic contractions, as is sometimes the case in colic. Some liquids, such as vinegar in any considerable quantity, very often produce costiveness of the bowels, at the same time that they greatly irritate the passages.

Secondly, we may trace constipation to torpor or imperfect action of the intestinal muscles; and, perhaps, not only of the

muscles, but also of the secretory power of the intestines; for the intestinal canal is not only a moving organ, but also a secretory organ. This is illustrated after the operation of a strong purgative; the bowels generally become torpid, and inasmuch as the intestines become exhausted, and the secretions otherwise have been excited too freely, they seem to secrete less freely afterwards. But, sometimes, it is a sign of general weakness of the intestinal muscles, a part of the general weakness of the system; and, accordingly, in anæmia, you find torpor of the bowels taking place. The same thing is observed in any state of great weakness, after fevers and illnesses, and after extreme fatigue of the body. Paralysis, and particularly paraplegia, are causes of this. Some other causes act in a similar way. Enervating heat, exhausting the body, greatly reduces the powers of the intestines. Continued cold has a similar effect. Moderate cold, however, increases the tonic action of the intestines to a high degree. In other conditions—the state of atonic plethora, for example—a costive state of the bowels is frequently present. The excretions are often defective from irritability of the muscles of the intestines.

Thirdly, this morbid condition may arise more directly from deficient secretion, rather than defective peristaltic action, which latter may go on, even if the secretion be imperfect; a scanty evacuation is the result. This is to be met with in connection with defective secretion of the liver, more particularly; arising from different diseases of that organ interrupting its secretion, or from obstruction of the ducts passing out of it. Diseased states, likewise, of the intestine, such as congestion of its coats, connected with derangement of the liver, are often attended with this sort of defective secretion. Inflammation may be considered as, in some degree, interfering with the powers of secretion of the liver and the intestines. Enteritis is one of the instances in which the secretion appears to be greatly interrupted. There is, here, not merely spasmodic contraction, but the secretion is interfered with. So, with regard to gastritis, where there is much irritation, it frequently happens that the lower part of the canal is defective in excitability and in secretion. Defective secretion and imperfect contractility are frequently combined together.

Now, from this you may understand that constipation may be either symptomatic of various diseases, or it may be idiopathic—itself the chief cause of disease. The frequency of the occurrence of symptomatic constipation is one great reason why purgatives are so often useful in the treatment of

diseases of almost every kind; for, in a majority of cases, there is symptomatic costiveness, and a tendency to great constipation of the bowels. It thus becomes an indication to use purgatives; not merely to remove this state, but, likewise, because the accumulation of the fæces becomes a source of still further mischief, aggravating greatly the organic disease, and adding to the local and general symptoms. In febrile diseases, there is apt to be a reaction, and it often happens that the evacuation of the loaded bowels very much mitigates this effect. Idiopathic constipation, where it exists without any other permanent disorder, is not uncommon, and, in a great number of cases, it, perhaps, consists in an insufficient action of the lower intestines, or of the colon. Sometimes, in costiveness, there is distention of the bowels, especially of the colon, by flatus, causing a feeling of fulness and tightness in the abdomen. There is often, too, considerable tympanitic distention, where wind is secreted in large quantities. Accordingly, the sounds arising from the motion of wind in the intestines are commonly heard in persons of a constipated habit. There are shifting or aching pains felt in various parts of the abdomen, usually, perhaps, in the right iliac, or hypochondriac region, about the right and sometimes the left hip, and in the loins; also, uneasy feelings, such as restlessness, and inability to be quiet, without being able to explain exactly why. In children, symptoms of chorea sometimes arise from a costive state of the bowels; and, in adults, there are cramps of the legs, which are very common signs connected with imperfect action of the bowels. Other symptoms arise in the general system; headache is a very common sign, and there is, in general, languor and depression of spirits. These different symptoms arise partly from the direct irritation of the accumulated fæces on the nerves, and partly from the noxious influence of the retained and absorbed excrement, for matters long retained in the alimentary canal, are partly absorbed again into the system. The fæces are in a compact and dry state, if the bowels are not regularly evacuated, which shows that the moister parts are absorbed away; and those persons who have habitual costiveness of the bowels, generally have unpleasant smells about them, and the countenance is more sallow than usual; the tongue is usually more or less loaded, and the breath is very fœtid; the fæces, too, are darker than usual, and they present a moulded form from the cells of the colon, or the different portions of the intestines in which they have been retained. The accumulation of fæces in the abdomen may cause a considerable amount of swelling, and vari-

ous other symptoms; for example, by their pressure, as not unfrequently happens, on the gall-ducts, they may produce jaundice; or, on the stomach, nausea, and a disturbance of the function of digestion, or dyspepsia; and, frequently, hæmorrhoidal swellings, or piles, are caused by their presence. In extreme cases, numbness and swelling of the legs, and even paralysis, have been induced by their pressure on the nerves of the pelvis. Sometimes the abdomen is enormously distended; and I have seen such patients, who have had the appearance of advanced degrees of dropsy, and who have been pronounced to be laboring under organic disease, and tumors of various kinds. I remember the case of a patient who, when brought into the hospital, was supposed to be affected with organic disease of the abdomen, and had been treated for such for some time, in whom the abdomen had been distended for six or eight weeks, to a very great degree, insomuch that the cartilages of the lower ribs were turned out, and yet all this tumor vanished, after a purgation of some days, and was produced solely by a vast accumulation of fæculent matter. Neglected constipation will lead to local irritation, and, as a result, you may have diarrhœa set up, from the irritation of the parts, and increased secretion results. Dysentery even may ensue, and inflammation of the colon, attended with pains of various kinds; neuralgia and severe griping pains of the bowels, accompanied with colic, and a spasmodic contraction, ending in deep-seated enteritis, and cholera. These are the local effects. Organic changes, too, may arise; and, in addition, a cachectic state of the whole system, a low febrile state, from the bad influence of the accumulated fæces on the nervous system.

The *predisposing causes* you may deduce from what I have already said, as to the pathological characters of constipation. Sedentary habits, especially when combined with various enervating influences, greatly promote constipation. This occurs very often among females who are much confined within doors, and who are in the habit of using but little exercise. It is sometimes excited by attacks of hysteria, and, as I said before, by bad or defective diet. Particular kinds of waters, those abounding in iron and calcareous matters greatly aid in producing constipation. All the different causes that produce general weakness may cause costiveness. Excessive action of purgatives, and neglect of the bowels, will often produce it. But, perhaps, one of the most frequent causes, which it is important to remember, is inattention to the calls of nature, or want of regularity in the evacuation of the

bowels. It is a process that ought always to be considered as conducive to health, and should be set apart to be done at a regular time in the day, quite as much so as the eating of any given meal.

Now, with regard to *the treatment.* The first indication of the common form of constipation, where there is an accumulation of fæces, is to unload the bowels; and to fulfil this, purgatives and injections are the chief means. The best purgatives for this purpose are the mixed purgatives, those which exercise an action on the whole canal; for, although costiveness often proceeds from the defect of one part of the canal, the torpor ultimately extends to the whole; and it is not a safe practice to administer too strong a purgative of one kind, to act on one part of the canal only. The effect of giving a large dose of aloes, or a large dose of colocynth alone, is to irritate one part of the canal, and leave the liver unaffected, and thus, perhaps, convert constipation into inflammation. For this reason it is highly advantageous to combine the different purgatives together; and if there is already much pain and irritation produced by the constipation, we should combine with purgatives those medicines which deaden the sensibility, and prevent spasm. For this reason, the combination of calomel, colocynth, rhubarb, and henbane, answers well. If these are not sufficient, great advantage will result from the addition of occasional doses of castor oil, or else of salts and senna, in the form of a black draught. I cannot dwell too strongly on the virtues of castor oil in cases of prolonged constipation. If given in large doses, it does not irritate as other medicines; yet it acts more thoroughly; it penetrates, and, in some degrees, has the mechanical power of insinuating itself into the crevices and curvatures of the intestines, and thus dislodging the accumulated masses, where calomel and other medicines had failed to act. Mercury, though it acts more especially on the liver, and stimulates the secretion of bile, is accompanied with a great deal of griping pain, and is not, by itself, so effective in unloading the bowels. Where the accumulation is very considerable, it is desirable to facilitate the action of the bowels by copious injections of oil or soap and water. Remember that these accumulations of fæculent matter sometimes consist of a hard and compact mass—so hard that purgatives, which merely stimulate the canal to contraction, produce very little effect upon it. Injections of castor oil, with a little turpentine, or of olive and linseed oil, mixed up with gruel, are useful; of this one, two, three, or four pints may be thrown up. The use of turpen-

tine is indicated where there is a tympanitic distention of the abdomen. Rue and asafœtida injections are also useful in such cases. After the fæces have been dissolved, the bowels pass into an irritable state, and there is often a considerable amount of pain. It frequently happens that, after the great accumulation has been removed, the tongue is more furred, the pulse more excited, and the system more deranged. In this state of things, mercurial purgatives, combined with opium, or mercury and Dover's powder, followed by small doses of castor oil, or else rhubarb, or some other mild aperient, may be given, for several days afterwards, with great advantage. If the opium irritates, instead of giving Dover's powder, conium may be employed as a substitute; moderate doses of conium and mild aperients may be given until the bowels are brought into regular action. Where there is a tendency to low inflammatory affections, such as gastritic dyspepsia, which often occurs in costive habits, the aperient that suits best will be found to be small doses of castor oil; a teaspoonful, the first thing in the morning, or the last thing at night, acts admirably, and ensures the regular evacuation of the bowels. In some persons olive oil acts in the same way. Castor oil is extremely valuable in cases of dyspepsia, where stronger purgatives do mischief. Sulphate of potash and sulphur sometimes answer very well.

The diet of persons disposed to constipation should be of a plain character, not too much abounding in farinaceous food. Too much bread should be avoided. There is a common error with respect to bread, and many persons will eat it all day long; hence, it becomes a great cause of constipation. It is better to eat it two or three times a day, in small quantities. A thing you will find of great use—and which is very popular in the sister-kingdom—is oatmeal porridge. It has none of the constipating effects of farinaceous food in general. Fruit is very often taken with a view to counteract costiveness, but I believe its effect has been overrated. The most important part of the treatment of constipation consists in preventing the accumulation of fæculent matter; and, therefore, the promoting of the proper and natural action of the bowels is far better than any description of diet or medicine that can be given. I must say a few words upon the practice fallen into of late, by a good many individuals, namely: that of confining themselves to the use of injections to promote the action of the bowels. I think this practice is a very injurious one; for, when injections are frequently administered, instead of producing a healthy action in the bowels, they generally tend to

bring it into a state of torpor. They mechanically distend the bowels, and thus do mischief. General tonic measures, to improve the health, are sometimes necessary. The application of electricity, or galvanism, has been recommended by some to promote the action of the bowels; it may be useful so far as excitement of the peristaltic action is concerned.

Boston Med. and Surg. Jour., from *Lon. Med. Times.*

Mania a Potu.—The diminution in the number of cases of *mania a potu* (in the Philadelphia Hospital) is striking, in the first six years there being two hundred and sixty-four deaths, while in the second half of the series there are but forty-nine. The striking disproportion is probably to be accounted for by the change in habits induced by the progression of temperance. The admissions now are by no means as frequent as formerly, and very rarely advance to the third stage of this disease.

On the authority of Dr. Gerhard, I may state that the treatment in the men's department, until the year 1837, had been by opiates, and that the number of deaths to those admitted, had been in the proportion of 1 to 10. He then tried stimulation by alcohol, and we have this result:

	Admitted.	Cured.	Died.
Intoxication,	61	61	0
Delirium Tremens, 1st stage,	87	87	0
" " 2d "	73	73	0
" " 3d "	2	1	1

"The fatal case died a few hours after his entrance, and had been treated by opium in the city." But that this stimulant is not required, I give the report of Dr. Dunglison, who has charge of the Women's Asylum for six months of the year. He "used not a drop of alcoholic liquor." His course "has been entirely eclectic, in many cases expectant," and in its support we have the following:

	Admitted.	Cured.	Died.
Intoxication,	44	44	0
Delirium Tremens, 1st stage,	55	55	0
" " 2d "	19	19	0
" " 3d "	10	9	1

"which last died on the morning after admission, and had been treated elsewhere for nearly a week."

Am. Jour. Med. Sci., for Octo er.

Early Puberty in Greece.—Mr. Strong, the Bavarian consul at Athens, in a recent work, (Greece as a Kingdom, 8vo., London,) says: "Nature is so extremely precocious in Greece, that females attain the age of puberty at 10 or 11 years, and men at 15 or 16. Young lads of 16 and 17 are frequently met with in the villages already married and with families. I am acquainted with a lady of one of the first Athenian families, who, though only 25 years of age, has already had sixteen children, (eight of them twins,) of whom seven are still alive. It may scarcely appear credible in England, but there is now at Athens a venerable grandmamma in the person of a lady not yet 24 years old. She was married when 11 years of age, and had a daughter in the course of a year. That daughter married, also, when scarcely 11, and has just become a mother."—*Boston Med. and Surg. Jour.*

Organ of Calculation.—Vermont has furnished two or three boys, within the last twenty-five years, whose sagacity for arithmetical pursuits was of an extraordinary character. The autobiography of the far-famed Zera Colburn is familiar to the public. After having positively astonished the mathematicians, both here and in Europe, with the rapidity, accuracy and mystery with which he conducted the most elaborate arithmatical calculations, all at once, equally to the surprise of himself and every body else, he actually lost the faculty of doing wonders in figures. No effort on his part was successful in recovering a power that made his name ring over the world as an eighth wonder.

Another calculating boy, by the name of Safford, now only eight years of age, says the Vermont Journal, has been discovered in Vermont, who will give the product of four figures by four, performing the operation mentally nearly as quick as one can do it with pen and paper. He has also multipled five places of figures by five, which was the extent of Zera Colburn's powers in his best days. He will extract the square and cube roots of numbers extending to nine or ten places, performing the operation quite rapidly in his head. The division of numbers into their factors is a favorite amusement with him. Give him the age of a person, and he will give the number of seconds correctly.

How can the doctrines of the phrenologist be called in question, with such sustaining proofs of their truth, as are presented in this and many other analogous cases?

Boston Med. and Surg. Jour.

Prestat's Adhesive Plaster.—The following composition is said never to crack, and not to inflame the skin:—Empl. diachyl. gum, 400 grains; purified rosin, 50 grains; tereb. venet., 38 grains, are mixed together at a gentle heat, and then 12 grains of gum mastich and 12 grains of gum ammoniac incorporated, and the mass spread on linen. In winter it is advisable to add 10 grains more turpentine, and 12 grs. ol. amygdal.—*Journ. für Prakt. Chem.*

On the Employment of Castor Seeds.—Castor oil, says M. Soubeiran, is less purgative than the seeds which furnish it. This is because the oil which flows out in the press contains, comparatively, less resin than remains in the residue. M. Mialhe relates various therapeutical results obtained by means of an emulsion, prepared with fresh seeds of castor, which entirely confirmed this opinion; for, with ten grammes of seeds deprived of their shells, there was an emeto-cathartic effect, which continued for three days, neither opiates, cold gaseous drinks, nor cataplasms being able to subdue it. An emulsion prepared with six grammes produced twenty-eight vomitings, and eighteen alvine evacuations. Finally, with a third emulsion, containing only one grain of castor seeds, the emeto-cathartic effect was still very powerful. From these facts M. Mialhe concludes: 1st. That the oleoresinous principle found by M. Soubeiran in castor seeds exists only in very small proportion in the oil of these seeds, whilst the whole of it was found in their emulsion. 2d. That French castor contains a large proportion of the acrid emeto-cathartic principle belonging to a great number of the plants of the *Euphorbiaceæ*. 3d. That the emulsion of castor seeds prepared with only twenty, thirty, or fifty centigrammes of these seeds, constitutes, perhaps, the most agreeable purgative of all those at present in use, (if, however, the vomitive effect of this emulsion completely ceases when the dose of seed is suitably diminished.) Although this latter peculiarity has not yet been proved by clinical observation, it is probable that it is the case; for it is almost certain that the active principle of castor is analogous to, if not identical with, that of croton oil. Now, it is known that this latter oil, which is a simple purgative in the dose of one drop, becomes emeto-cathartic when this small dose is exceeded.—*Boston Med. and Surg. Jour.*, from *Bulletin de Therapeutique.*

Ovarian Disease.—Dr. Jeaffreson thus sums up the results of the operation for the extirpation of ovarian tumors in 74 cases:—In 37 cases the tumor was removed and the patient recovered; in 24 the operation was followed by the death of the patient; of these 24 fatal cases, the tumor was removed in 14, could not be removed on account of adhesions in 6, and was found to be other than ovarian tumors in 4 cases. Thus, again, in 74 cases, in which the operation for extirpation of ovarian tumor had been undertaken, it has been completed in 51 instances, in 14 of which it has been followed by death, and in 37 by the successful removal of the tumors, and by recovery of the patients; whilst, out of the 74 cases selected, it was found impossible to carry out the intentions of the operator in 23; or, in other words, the diagnosis was not sufficiently accurate to enable the surgeon to foresee the impracticability of carrying out his intentions. Of these 23 cases, 13 recovered with life, to remain in *statu quo;* 10 died. The cause of failure was, impossibility of removing the tumor, on account of adhesions, in 14 cases; no tumor was found in 3 cases; and the tumor proved to be other than ovarian in 6 instances.—*Boston Med. and Surg. Jour.*, from *London Medical Times.*

Bronchocele.—Dr. B. R. Morris calls attention to rheumatism as an occasional cause of goitre, and relates three cases of the disease which he attributes to that cause. In one of these cases a cure was effected by the use of half a drachm of hydriodate of potass in an ounce of soap liniment, rubbed into the tumor every night.

L. and E. Month. Jour. Med. Sci.

Reunion of a divided Nerve.—Dr. Oke relates, in the Provincial Medical and Surgical Journal, July 24th, 1844, the following interesting fact in a physiological point of view:

In cutting through the muscles in an operation for necrosis of the humerus, the musculo-cutaneous nerve was unavoidably divided, which occasioned the instantaneous dropping of the hand. This appeared at first to be an unfortunate result, as it was feared it might occasion the permanent loss of the hand and deprive the patient of the power of writing, for he could use his pen tolerably well.

To make up for so serious a deprivation in some degree, as soon as the state of the right arm would admit of it, he was sent to a schoolmaster to be taught to write with his left hand, which, in about four months, he accomplished; but at the end of this time, I was gratified to observe a returning power in the right hand. The power gradually increased; and in the course of a few weeks he completely regained its use, and thus was enabled to write with both hands.

This was an important fact in physiology, inasmuch as it showed that the trunk of a nerve, though it be divided and its ends kept apart for a considerable time, might eventually unite and regain its normal functions.

American Journal Medical Sciences.

Medical Charity Fund of Lower Canada.—Reference was recently made, in the Journal, to the late anniversary of the Medical Charitable Association of New York. A similar society has been organised in Lower Canada, to meet alternately at Quebec and Montreal. The object is to afford relief to distressed physicians, caused by inability to practice, either through age or infirmity; and, also, to relieve the widows and orphans of physicians. With a view to raising a fund to draw upon in after times, the society proposes not to begin to extend relief till the expiration of ten years from this time. Each member is to pay, yearly, into the treasury, £3, which in ten years will amount to £4,553, interest included, provided 100 members are joined. At the end of the ten years there would be at the disposal of the committee of relief £285, the interest of the capital.

This is a spirited, humane movement, honorable to the profession of Canada. It is strange that the practitioners of Massachusetts, but especially those of Boston, cannot be roused to action in this important matter. Surely there are enough in active business, who might easily appropriate a small sum annually, for a fund to feed and clothe the unfortunate of their own profession. We have urged the matter so often, that a feeling of discouragement comes over us, and especially when we witness the exertions of others, in every direction, in such a noble charity.

Boston Med. and Surg. Jour.

THE WESTERN JOURNAL.

NEW SERIES.—VOL. III.—NO. I.

LOUISVILLE, JANUARY 1, 1845.

MEDICAL INSTITUTE OF LOUISVILLE.

We have before us, just issued from the press, the Eighth Annual Catalogue of this Institution. It numbers 286, or 24 more than that of any preceding session. 'Till the making up of this class, that of Transylvania University, in 1825–'6, 19 years ago, was the largest ever assembled in the Valley of the Mississippi. By a curious coincidence, it was the Eighth Session of that school which brought a more numerous class than it ever attracted before or since. We are unwilling to believe, that the classes of the Institute are to follow the same law, and not again to equal that of this year. At the time referred to, Transylvania had six professors, of whom one-half are now in the Institute. Their tickets were $20 each, making $120; but the professors received for them the paper of the Commonwealth's Bank, which had depreciated to fifty cents on the dollar; so that attendance on all the lectures cost, in fact, but $60. It was, at the time supposed, that this was one cause of the numerous class of that session. That nothing of the kind has operated to aid the Institute the present session, is obvious, from the fact that it has

seven professors, whose tickets amount to $105; and no depreciated bank paper is received, except that of Alabama, which is at a discount of 5 *per cent.* only. It would seem, then, to be the intrinsic advantages—real or supposed—of the Institute, that have secured its present encouraging class. It may be said, however, that the population of the Valley of the Mississippi has greatly increased in 19 years. This is true, but as we shall presently see, the number of schools has increased at a still higher ratio. Before proceeding to enumerate them, we will compare the two catalogues of which we have spoken, and see the relative numbers from different States.

MEDICAL INSTITUTE OF LOUISVILLE, 1844–'5.		TRANSYLVANIA UNIVERSITY, 1825–'6.	
Kentucky,	87	Kentucky,	101
Tennessee,	56	Tennessee,	53
Mississippi,	44	Mississippi,	7
Alabama,	31	Alabama,	30
Indiana,	14	Indiana,	5
Missouri,	13	Missouri,	5
Illinois,	10	Illinois,	4
Ohio,	9	Ohio,	8
Arkansas,	6	Arkansas,	1
Louisiana,	5	Louisiana,	3
North Carolina,	4	North Carolina,	13
Georgia,	4	Georgia,	7
Virginia,	1	Virginia,	25
Iowa,	1	Iowa,	0
Texas,	1	Texas,	0
South Carolina,	0	South Carolina,	18
New York,	0	New York,	1
Maryland,	0	Maryland,	1
Total,	286	Total,	282

By an examination of these columns, we find, that ours is more of a Western class than that of 1825, the whole except 9 being from the Valley of the Mississippi; while of the class of 1825, 65 were from the old States. We also find, that the increase has been from the States of Mississippi, Indiana, Missouri, Illinois, Arkansas, and Louisiana—most of all from the first. On the other hand, there are 14 fewer from Kentucky, than Transylvania then had; while Tennessee, Alabama, and Ohio, give about the same number as they then gave.

Let us now turn to the relative number of schools at the two periods. We do not recollect precisely when the schools of Charleston, S. C., and Charlottsville, Va., were established, but if previous to 1825, they were then in their infancy, and may be included in the catalogue of creations since that time. To these we may add, the second Virginia school at Richmond, and the school of Georgia. To the establishment of these four Institutions, we may in *part* ascribe our small number of pupils from Virginia, the Carolinas, and Georgia; but it is also partly referrible to the greater distance of Louisville than Lexington, from those States. What number Transylvania has this year, from them, we have not heard. When we direct our attention to the West, we find, as already stated, 277 of our pupils are supplied by *it*, while in 1825 it supplied but 217—difference 60. Now, in 1825, there were but two schools in the West, that of Lexington and that of Cincinnati; but at present there are, in addition, one in New Orleans, two in St. Louis, two in Illinois, one in Indiana, and two in Ohio, making, with the Institute, eleven in all. How can it be, that the Institute has from the West 60 students more than Transylvania had in 1825, when nine new schools have been established since that time? It results from the increase of population; which in the West, from the Lakes to the Gulf, was (exclusive of Michigan) in 1820, 2,203,568, and in 1840, 6,103,161, giving an increase of 277 *per cent.* But during the same period, the number of schools increased 550 *per cent.*, or at a ratio about twice as great. The friends of the Institute may, then, without boasting, or speaking invidiously of its sister institutions, claim that it exerts a powerful influence on the profession in the West, and is decidedly prosperous.

When we receive the catalogues of the various Western schools we shall compare the whole number of pupils, with the population supplying them. D.

RUTHERFORD COUNTY MEDICAL SOCIETY.

The physicians of Rutherford county, in Tennessee, have united in the organization of a society, for the advancement of medical science and the promotion of friendly professional intercourse, and

are holding meetings, at which papers on the medical topography of their county are read, and all medical matters interesting to the members, are brought up and discussed. Improvement to the members, and benefit to the community, must result from this association. We cannot conceive of any method so well calculated to advance all the great objects in which the profession have a deep concern, as the formation of such societies wherever a number of physicians can be brought together. Mutual instruction, a heightened taste for study, and harmony of professional intercourse, are the certain fruits of association under these circumstances, where it is kept up and cherished in the proper spirit. We should be glad to see a well organized, well conducted Medical Society in every county of every State, in which the medical profession make so respectable a portion of the population as they do in Rutherford. We wish the Medical Society of Rutherford, and every member thereof, abundant prosperity.

Y.

INTRODUCTORY LECTURES.

A number of Introductory Lectures, delivered at the opening of the various medical schools of the country, during the last autumn, have been laid on our table. The first we received was from Professor Harrison, of Cincinnati. His subject is "*The Formation of Professional Character,*" and is discussed with the earnestness of a man conscientiously devoted to the interests of his profession and of society. If we were to object to the lecture in any way, it would be to the style, which is, perhaps, somewhat verbose; but the matter is good, and the spirit excellent. We give a specimen:

"Industry is the primal fountain of all prosperity. The savage is indolent, and he is poor. Civilized man owes his comforts and luxuries;—his might and glory, to the ceaseless toil of his intellect and hands. Educing from the hidden resources of nature vast elements of power, the genius of man triumphs over the wants and weakness of his condition, and renders the very powers which threatened his existence contributory to his well-being.

"Destitute of industry—of a well-sustained, systematic exertion of our mental powers, nothing permanently useful can be attained in our profession. Accident, or rash experiment, may hit on some valuable discovery but of what avail is such a disclosure on the part of

nature, if the patient labor of man does not make those applications of the discovery which render it available? The truth or fact discovered by accident or rash experiment, must be lifted up out of the isolation in which it stands and be made to blend with other truths or facts, and thus become instinct of new related tendencies. Patient toil of mind alone can discern these tendencies, and by giving a wider range of direction to the original discovery indefinitely expand the sphere of its agency.

"From the hour when the student takes a medical work in hand, through all the stages of his professional studies and researches, up to his brightest achievements of remedial skill, and along the whole progress of his career, an unremitting irrepressible exertion of his powers is required.

"Patience, as an habitual state of mind, must, with presiding authority, ever accompany the physician. When a student, there is a constant need of patience;—when young, in the active duties of the profession, patience is required—and in the busy employments of a large practice, patience must be exercised. Patience of preparation, the student should possess; patience of probation the young physician must have; and patience of temper, amidst the privations of repose and social enjoyments, and in the exhaustion of his mental and bodily strength, must be the ever-present support of the older practitioner."

Professor Draper, of the University of New York, has produced a lecture, "*On the Relations of Atmospheric Air to Animals and Plants,*" of very great beauty. In parts it is highly elaborate, and it abounds in poetry, as well as in science, as the following paragraph testifies:

"From this point of view, therefore, I look upon the vegetable world as an embodiment of the action of ethereal agents. A tree, when covered with blossoms in the spring, or laden with fruit in the autumn, is a resultant of the play of those active forces which have been emitted by the sun; an expression of what has been done by vibratory movements operating on ponderable molecules. As soon as the young plant has exposed itself to the solar beam, growth rapidly begins to take place, and organized matter to be condensed from the air, and now a green color is developed, and the stem elongates and leaves are put forth. In carrying forward all those multiplied operations which have ended in these events, its leaves and its stem have gone upward in search of light—light which has symmetrically arranged their parts and furnished their substance. But these general views are far from giving us an accurate idea of the forces that have been expended or the motions which have been executed in producing the result we contemplate. A forest tree, from its magnitude, rising perhaps a hundred feet from the ground, and spreading

its branches over hundreds of square yards, may impress us with a sense of sublimity; a section of its stem might assure us that it had lived for a thousand years, and its total weight could only be expressed by tons. An object like this may indeed call forth our admiration, but that admiration is expanded into astonishment, when we come to consider minutely the circumstances which have been involved in producing the result. If we conceive a single second of time, the beat of a pendulum, divided into a million of equal parts, and each one of those inconceivably brief periods divided again into a million of other equal parts—a wave of yellow light during one of these last small intervals has vibrated five hundred and thirty-five times. And now that yellow light is the agent which has been mainly involved in building up the parts of the tree, in fabricating its various structures, and during every one of a thousand summers, from sunrise to sunset the busy rays have been carrying on their operation,—who then can conceive when in the billionth of a second such enormous numbers of movements are accomplished, how many have been spent in erecting an aged forest oak? Who also can conceive the total amount of force employed from century to century in arranging the vegetation of the surface of the globe?"

Professor Childs delivered a lecture before the medical class of Willoughby University which is marked by vigorous and just thought, and a pure, simple, perspicuous style. His subject is "*General Principles in Medicine.*" We make room for a single extract:

"This leads me to notice *two classes* of educated physicians, (and of the educated only I speak)—and the striking contrast they exhibit. In the one class, the physician adopts an *exclusive system* and practices by *rule*. He is confined to a specific direction, which, in the nature of things, must be limited in its application. All must be stretched or shortened to the same Procrustean bed—all must take the same remedy—investigation is proscribed, and discrimination is heresy. If timid, his practice must be inefficient; if bold, he strikes with herculean club, but uncertain aim, a hazardous and probably fatal blow. He must grope in darkness. The other arranges the *facts* of medicine, and deducing therefrom by a legitimate induction, *general principles*, makes these the sole guides in his practice. In these, too, he finds a *true standard*, the great desideratum in medicine, and to this test brings all theory, and all modes of practice—a righteous decision awaits the trial. In the Cullenian, Brunonian and Broussaian systems—systems which have exerted a mighty sway over the profession at different periods in the history of science, which have divided the medical world into sects, and perpetuated the names of their authors, he finds the most oppo-

site and contradictory doctrines. They cannot all be true. Arraign them at the bar of general principles, and what is the verdict rendered? In all, *some truth* and *much error* are the ingredients of the composition. The chaff must be winnowed from the wheat. What of truth in each will be retained, and the proof of the true is demonstrated from its consistency with itself and its harmony with all known truth. *His principles* will include every remedial agent ever found useful in the treatment of disease. From the harmless leeches and gum water of Broussais, to the ready lancet and the energetic calomel of Rush—from the depletions of Sydenham to the stimulants of Brown—from the cold water of Hydropathy, to the hot water of Sangrado—none will be proscribed from *his* system. And, think you that the scientific and discriminating physician I have described—the man of principle—will not measure swords with his exclusive competitor? Nay, he will vanquish him *with his own weapons!*

The lecture of Austin Flint, M.D., Professor of the Institutes of Medicine, in the Rush Medical College, at Chicago, will compare with the best of this class of productions. The author is a scholar, and a polished and elegant writer. We regret that we have no room for an extract. Y.

SOUTHERN MEDICAL AND SURGICAL JOURNAL.

This periodical, emanating from the Medical College of Georgia, having been suspended at the death of its editor, Professor Anthony, has been revived, and the first number of the new series is before us, in a good looking pamphlet of 48 pages. The work is under the editorial management of two members of the faculty of the Medical College of Georgia, Paul F. Eve, M.D., and I. P. Garvin, M.D. The first number contains a fair proportion of original matter, and the articles appear to have been written with care and ablity.

This makes the third medical journal which has been *enterprised* in the South and West in the last year—the Illinois Medical and Surgical Journal, the New Orleans Medical Journal, and the one which stands at the head of this article. They are none too many, for the readers are plenty in all the region over which they are meant to circulate. If they can secure a good share of the patronage which ought to be extended to journals of medicine, their success will be no longer doubtful. Y.

REPORT OF THE PHYSICIANS TO THE KENTUCKY PENITENTIARY.

The Physicians to the Kentucky Penitentiary, at Frankfort, Drs. W. C. and Lewis Sneed, report one hundred and ninety-six cases of disease as having been treated in that institution during the ten months of their attendance. Of these the most numerous were cholera morbus, intermittent fever, parotitis, and constipation. During all the time not a death has occurred in the penitentiary, although many of the attacks were of a violent character. The physicians conclude their report with the following statement:

"A large number of the convicts sent to this institution are men who have been regular drinkers, or confirmed drunkards, and consequently, enter the prison with constitutions so much impaired by disease and dissipation, that they require more or less medical treatment before they are in a condition for manual labor." Y.

LOUISVILLE SUMMER SCHOOL OF MEDICINE.

Lectures will be delivered in Louisville on the different branches of medicine, during the ensuing vacation of the Institute, by Drs. Cobb, Gross, Yandell, Bayless, Buck, and Colescott. The course will commence on the 17th of March, and terminate the last of October, with a recess during the months of July and August. Clinical instruction will be delivered at the Marine Hospital, and at a Dispensary, which will be maintained by the Faculty in connection with the school.